

**STUDENT RECORD
REQUEST FORM**

Purpose of this Form:

- A copy of this form is to be attached to the records that are being transferred from one school to another.
- Both the sending and the receiving school should keep a copy of this form for their files when it is attached to student records.

STUDENT NAME _____ **DATE OF BIRTH** _____

STUDENT PERM NO. IF KNOWN _____ **Grade Level** _____

TYPE OF RECORDS BEING REQUESTED:

_____ **Permanent Cumulative Record (including all colored folders)**

_____ **Special Education Red Due Process**

School Requesting Record:

Name of School _____ / **Date of Request** _____

Name of School Official Requesting Record

Phone Number

School From Which Record Is Requested:

Name of School _____

- **GCS Transfer form(250-10) has been completed with parent signatures PRIOR to release of records.** _____ **Yes** _____ **No**
- **ENTIRE student record is enclosed.** _____ **Yes** _____ **No**

Name of School Official Releasing Record

Phone Number

School Accepting Record:

Name of School _____

Name of School Official Accepting Record _____

Date Record Received _____