



Poway Unified School District

REQUEST TO TRANSFER PUPIL RECORDS

To: _____
Last School Attended

Street Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Fax: _____

The student listed below has enrolled in our school.

Student's Name _____ Birth Date: _____

Grade: _____ Gender: Male Female

I acknowledge notification that my child's school records are being requested from the named school and that I have a right to review, receive a copy of the records, and a right to challenge the content of the records (Ed Code 49068, C.A.C. Title V, Section 438).

 Parent/Guardian/Adult Student Signature

 (To be completed by school personnel)

We are requesting the following records as they pertain to the student listed above

- | | |
|------------------------------|--|
| * Pupil Progress Data | * Proficiency Test Results |
| * Test Data | * Special Education Data |
| * Health Data | * English Language Learner Data |
| * GATE Records | |

Please send records to:

 School Name

 Street Address

 City State Zip

 Name of requesting Clerk/Secretary/Registrar Date