



REQUEST FOR TRANSFER OF RECORDS

To: Releasing School or Agency _____
Address _____

Re: Student Name _____ Date of Birth _____ Grade _____

- Requesting: All Records (including preschool and kindergarten if available)
- Permanent Records
(basic identification data, transcripts, standardized test scores,
activities, awards, attendance)
- Health
(all health information – immunization records, etc.)
- Administrative Records
(recommendations, correspondence, disciplinary actions)
- Professional Records (psychologist's report, etc.)
- Other (special education, special programs, etc.)

I authorize the release of those records checked above to Silverwood School.

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Parent/Guardian Signature

Date