

**POWAY UNIFIED SCHOOL DISTRICT
REQUEST TO TRANSFER PUPIL RECORDS**

To: _____
Last School Attended

Street Address: _____

City: _____ State _____ Zip _____

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

- * **Scholastic & Pupil Progress Data**
- * **Test Data** *
- * **Health Data**
- * **GATE Records**

- * **Proficiency Test Results**
- * **Special Education Data**
- * **English Language Learner Data**

Please send records to:

School Name

Street Address

City State Zip

Name of requesting Clerk/Secretary/Registrar