

**Parkland School District  
Allentown, PA**

**Authorization to Transfer Educational Records**

Date: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Date attended: \_\_\_\_\_

**From School:**

**To School:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please send the following records:**

Scholastic Records: \_\_\_\_\_ Attendance Records: \_\_\_\_\_

Test Records: \_\_\_\_\_ Health Records: \_\_\_\_\_

Discipline: \_\_\_\_\_ Other: \_\_\_\_\_

Psychological Records (ER) and IEP (if applicable): \_\_\_\_\_

Student's new address: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent (if needed)

\_\_\_\_\_  
Signature of school official