



Request for Records

(Required only if your child is transferring from another U.S. school, private or public)

COMPLETE FOR PREVIOUS SCHOOL ONLY

It is requested that the records of:

Student Name _____

Date of Birth _____

Be obtained from:

School
Address
City State Zip Code

Fax Number/Email of
Previous School's
Student Records Dept:

Email/Fax

I hereby authorize the release of the following information: School cumulative records, psychological studies/reports/confidential file, medical/immunization information.

Name of Parent/Guardian (Please Print)

Signature of Parent/Guardian

Where to send records:

Mail: Palo Alto Unified School District
Attn: Registration Services
25 Churchill Avenue
Palo Alto, CA 94306
**Copies only; please do not send original cum file*

Email: registrationservices@pausd.org