CONEJO VALLEY UNIFIED SCHOOL DISTRICT

REQUEST FOR TRANSFER OF STUDENT RECORDS

STUDENT NAME: _____ DATE OF BIRTH: _____

In keeping with federal and state law, the Conejo Valley Unified School District will request all pupil health, academic, and psychological records from the school your pupil previously attended.

Please list below the name and address of your child's last school of attendance:

SCHOOL: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE NUMBER: _____

FAX: _____ EMAIL: _____

Circle the grade(s) your child attended: TK K 1 2 3 4 5
6 7 8 9 10 11 12

You are hereby notified that parents/legal guardians and/or students age 16 or older have the right to review the pupil's records when such records are received. Please sign below, indicating that you have been notified of your right to review the student's records, and return this form with your completed enrollment packet.

Signature: _____ Date: _____
Student- if the student is 16 or older

Signature: _____ Date: _____
Parent/Legal Guardian

PLEASE SEND RECORDS TO:

(School Stamp)