LAKESIDE UNION SCHOOL DISTRICT

REQUEST TO TRANSFER PUPIL RECORDS

To:_____

Last School Attended

Street Address:_____

City:_____ State:_____ Zip:_____

This 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 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