

Dear Parents:

Please complete the information below so that we can issue transfer cards to your child's new school. Also attached is an Authorization for Release of School Records. Please complete this form and sign it so that we will be able to release your child's records to their new school.

Name: _____ Grade: _____

Date of Birth: _____

Name of Parent or Guardian: _____

Current Address: _____

Forwarding Address: _____

School that the student is transferring to:

School Name: _____

Address: _____

County: _____ District: _____

Please return the above form to the main office.