## San Diego Unified School District REQUEST TO TRANSFER PUPIL RECORDS

То:		
	Last School Attend	
Street Address:		
City:	State:	Zip
The student listed below h	as enrolled in our scl	hool.
Student's Name		Birth Date
Grade In Fall	Gende	er MaleFemale
acknowledge notification that and that I have a right to review he records (Ed Code 49068, C.A	v, receive a copy of the re	is are being requested from the named school ecords, and a right to challenge the content of ).
California district indicating the	at the student has enrolle .   In addition, it should b	e cum record upon the request of another ed. The record cannot be withheld pending be emphasized that the Federal law does not tended enrollment.
		Parent/Guardian Signature
To be completed by schoo	l Personnel)	y pertain to the student listed above
<ul><li>* Test Data</li><li>* Health Data</li></ul>		* Proficiency Test Results * Special Education Data * English Language Learner sist us with placement or services.
Please send records to:		
School Name: Standley M 6298 Radcl San Diego,	iffe Dr	
Telephone:	(858) 455-0550 ext.	r. 1120 Fax: (858) 546-7627
		Anna Stanzione
		Counseling Secretary