

SETON HIGH SCHOOL

REQUEST FOR TRANSFER OF SCHOOL RECORDS

Complete and submit this form to Seton High School by November 11, 2016.

This form is provided for the purpose of obtaining a student's records. By signing this release, a parent or guardian will expedite the transfer to another school for enrollment in that school.

Name of Student _____

Date of Birth _____ Current Grade _____

Current School _____

I hereby authorize the transfer of all school records as defined by PL 93-380 and any amendments thereto for the above named student. By signing this request for transfer, I relieve the school which the above named student was attending of the responsibility of notifying me that the records are being transferred.

Signature: _____ Date _____

(Parent/Legal Guardian)

Parents or legal guardians may request a review and/or copy of the records transferred. If this is desired, the school office should be notified. If you request a copy of the school records being transferred, the school is relieved of responsibility for confidentiality of those records. Records transferred by this release are not to be transferred to any other third party by the receiving school without the written consent of the parent or legal guardian.

