



REQUEST FOR RECORDS FROM FORMER SCHOOL

The student listed below has enrolled in the San Diego Unified School District. Please forward Cumulative records, health records and other available guidance materials, including: CURRENT IEP, PSYCH REPORT, ESL or Gate/Seminar information if applicable, Second Language (CELDT) scores, latest test scores available, and transcript of grades.

STUDENT'S NAME Last Name	First Name	Birthday	Grade

Name of Former School: _____ Elementary ___ Middle/Junior

Address: _____

_____ City _____ State _____ Zip Code

School Phone: (____) _____
Area Code

School Fax: (____) _____
Area Code

Parent Signature: _____

.....
Registrar Information Area
Sandra Ayala
sayala@sandi.net

Enrollment Date: _____

Please
FORWARD this request if student records have been sent to another school site.

Mailed Date: _____

Date Faxed: _____

Date Received: _____

*Pursuant to the Privacy Rights of Parents and Students act of 1974,
parent signature is not required for requesting records.*