

Request for Transfer of Educational and Health Records Between Schools

TO: Previous School _____
Street _____
City _____ State _____ Zip _____
Phone _____ Fax _____

RE: Student's Name _____
Current Grade _____

Please include complete files including transcript of grades, academic and psychological evaluation test results, attendance pattern, behavior and health information.

FROM: Marshall School
1215 Rice Lake Road
Duluth, MN 55811

Director of Admission

I acknowledge notification of the transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and understand that I have a right to receive a copy at my own expense if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third person without my consent.

Parent or Adult Guardian Signature

Date