

## **CONEJO VALLEY UNIFIED SCHOOL DISTRICT**

## REQUEST FOR TRANSFER OF STUDENT RECORDS

STUDENT NAME:			D	DATE OF BIRTH:						
	deral and state law, the ncluding health, acadened.	_	-				-		oil	
Please list below t	he name and address o	f your c	child's la	st scho	ol of att	endance	2:			
SCHOOL:										
DDRESS:				CITY:						
STATE:	ZIP CODE:				PHONE NUMBER:					
FAX:	EMAIL:									
Select the grade(s	) your child attended:	K	1	2	3	4	5			
		6	7	8	9	10	11	12		
review records of	tified that parents/lega the pupil when such rec our right to review the s	cords a	re receiv	ed. Ple	ase sign	below,	indicatir	ng that yo	u have	
Signature:				Dat	te:					
Student- if student is 16 or older Signature: Parent/tutor legal				Dat	te:					
PLEASE SEND REC	ORDS TO:									

(School Stamp)