

BURLINGTON SCHOOL DISTRICT

Building a Learning Community

PERMANENT STUDENT RECORD TRANSFER REQUEST

Date: _____

Previous School: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name of Student: _____

Date of Birth: _____ Grade enrolled in: _____

The above named student has enrolled in a Burlington School District school. At your earliest convenience, please send the student's permanent/cumulative record to the address listed below. Please include the following information:

- transcript of grades (including explanation of grading system)
- health/immunization records
- attendance record
- special education records/current IEP (or records of other support services)
- standardized testing results
- grades/progress to time of withdrawal

Please send requested information to:

School name: _____

Address: _____

Phone: _____ Fax: _____

Authorization to release student education records:

Date

Signature (Parent/Guardian if student not 18 years old)

Pursuant to 34 C.F.R. § 99.31 (A), which reads: An educational agency or institution may disclose personally identifiable information from an education record of a student without the consent required by § 99.31 if:
(2) The disclosure is, subject to the requirements of § 99.34, to officials of another school, school system, or institution of post-secondary education where the student seeks or intends to enroll.