



ALMADEN COUNTRY DAY SCHOOL

Authorization for Transfer of Student Records

Attention Parents: Please be sure to complete the full name and address of your child's current school in the space provided when completing this form. Please return this signed, original form to ACDS and our Registrar will mail this form to your child's current school to request the transfer of records. Thank you in advance.

Records are requested from:

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone / Email (if available): \_\_\_\_\_

In accordance with the Family Education Rights and Privacy Act of 1974 and California State Law, authorization is given to transfer the records, including grades and health records, as well as psychological, social, educational, or developmental information regarding the following student(s):

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Please forward records to:

Almaden Country Day School
Attn: Registrar
6835 Trinidad Drive
San Jose, CA 95120

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

LOVING THE NOW. READY FOR NEXT.