



UNION LOCAL ELEMENTARY SCHOOL

66699 Belmont Morristown Rd Belmont OH 43718 – Phone 740.782.1385 – Fax 740.782.0181

REQUEST FOR TRANSFER OF RECORDS

Name of Previous School

Address of Previous School

City, State, Zip

Telephone Number

Fax Number

Student Name

Date of Birth

Grade Level

This student has enrolled in our school district effective _____
for the following reason:

- | | |
|--|--|
| <input type="checkbox"/> Parent/Guardian now resides in our district | <input type="checkbox"/> Open Enrollment (approval on file) |
| <input type="checkbox"/> Change in Custodial/Residential parent | <input type="checkbox"/> Foster/Court placed in our district |
| <input type="checkbox"/> Grandparent Law (Power of Attorney on file) | <input type="checkbox"/> 18 year old student |
| <input type="checkbox"/> Other – Specify _____ | |

Please release and forward records to: **Union Local Elementary School**
66699 Belmont Morristown Rd
Belmont OH 43718
Phone: 740-782-1385 Fax: 740-782-0181

Authorization is granted for the release of **all** official school records, **including**, but not limited to:

- All Personally Identifiable Data (birth certificate, social security, custody/court papers, etc.)
- Academic Records/Cumulative File (current schedule, grades, report card, etc.)
- Attendance/Discipline Information
- Health/Immunization Records
- Transcript (including quarter, semester and/or current grades)
- Psychological/Special Needs/Accommodations Reports (IEP, ETR, WEP, 504)
- Standardized Test Scores
- Other _____

Parent/Guardian Signature

I hereby certify that the above named student has been enrolled in the Union Local School District.

District Registrar Signature

Date