

SCHOOL REQUEST FOR CUMULATIVE RECORD TRANSFER FORM

Date: _____

School District: _____

Superintendent: _____

School: _____

Principal: _____

The following student(s) have enrolled in our school:

Student Name	Date of Birth	Grade
_____	_____	_____
_____	_____	_____

We are informed that the above student(s) last attended Malcolm Price Laboratory School. We would appreciate receiving their cumulative file(s) from the University of Northern Iowa, Office of the Registrar.

Please Deliver Record(s) To:

School Name

Attention

Address One

Address Two

City, State, Zip

SPECIAL INSTRUCTIONS

Requestor Name: _____

Requestor Signature: _____

CONFIRMATION OF RECEIPT

Received By: _____ Date: _____

Federal Law 99.31 1-78

No parent signature is required for educational records sent from one educational agency to another educational agency.