

**NEW BLOOMFIELD R-III ELEMENTARY SCHOOL
307 REDWOOD
NEW BLOOMFIELD, MO 65063
Phone: 573/491-3700, ext. 201
Fax: 573/491-3439**

REQUEST FOR TRANSFER OF RECORDS

Date: _____

School: _____

Address: _____

Phone: _____ FAX: _____

Student: _____ Date of Birth: _____

The above named student has enrolled in the New Bloomfield RIII School District and has informed us that your school is the one that he/she last attended.

Please Fax the following items to us immediately:

- ✓ **Immunization Records**

Please forward all pertinent information regarding this student including: health records, I.E.P. (Individual Education Plan), Diagnostic Summary, withdrawal grades, testing information, attendance record, and any other information we might need to the address above.

According to the Family Education Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, school records may be released without the written consent of the parents to officials of other school systems in which the student intends to enroll, upon condition that the student's parents be notified of the transfer, receive a copy of the record if desired, and have an opportunity to challenge the content of the record.

I, the parent or legal guardian of _____ do hereby give the New Bloomfield R-III School District the authority to officially request the above information.

Signature: _____
Parent or Guardian

Relationship to Child

Date