**Request for Release/Transfer of School Records**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Student | |  | |  | |
| Birthdate |  | | Current Grade | |  |

**FROM:**

Please release or transfer the above named student’s records from:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of School | | | |  | | | | | |  | |
| Address | | |  | |  | | | | | |  |
| City |  | | | | State | |  | Zip |  | | |
| Phone | |  | | | Fax |  | | | | | |

**TO:**

Please release or transfer the above named student’s records to the following location:

KNOVA Learning

PO Box 16596

Portland, OR 97292

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

(Parent/Guardian)