**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)