



Please do not send cumulative folders

Name of Student: _____

Date of Birth (DOB): _____

Name of Former School: _____

City: _____ State: _____

FERPA allows schools to disclose education records to other schools to which a student is transferring (see U.S.C. 34 CFR §99.31).

Please send the following items to:

School name: _____

ATTN: Registrar / Secretary name: _____

Street Name and Number _____

City, State & zip _____

Phone: (____) _____

Fax: (____) _____

Email: _____

- Fax/Email Unofficial Transcript Mail Official Transcript
- Fax/Email Withdrawal Grades Special Education Records (If applicable)
- Fax/Email Immunization Records Fax/Email Discipline
- Fax/Email Birth Certificate Proof of Custody/Guardianship
- State Test Scores (SAT, ACT +Writing, EOC's for students transferring within Nevada)
- Legal Documents: Includes documents that have been filed with a County, State, or Federal Court or Power of Attorney.

Date (1st request) _____

Date 2nd request) _____