

Nicasio School District

Authorization for School Records Request

I authorize Nicasio School District to request the transfer of my child's official school records.

From:

School of attendance \_\_\_\_\_

School Address \_\_\_\_\_

School Phone \_\_\_\_\_ School Fax \_\_\_\_\_

For:

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
(Print Name)

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian Signature)