

## Request for Transfer of Records <u>WITHIN</u> NLSchools

(To be completed by NLSchools school requesting transfer of records from another NLSchools school)

| REQUEST TO SCHOOL PRINC             | CIPAL:          |                        |                         |                  |
|-------------------------------------|-----------------|------------------------|-------------------------|------------------|
| School:                             |                 |                        |                         |                  |
| Address:                            |                 |                        |                         |                  |
| The following student has           | registered at o | ur school:             |                         |                  |
| Full Name of Student:               | First           | Middle                 | Last                    |                  |
| Date of Birth:                      | FIISt           | Middle                 | Last                    |                  |
|                                     | /               | ///////                |                         |                  |
| Month                               |                 | Day                    | Year                    |                  |
| Please transfer the complet school: | e student recor | d, including cumulativ | e file and confidential | <br>file, to our |
| School:                             |                 |                        |                         |                  |
| Address:                            |                 |                        |                         |                  |
| NAME OF PRINCIPAL:                  |                 |                        |                         |                  |
|                                     |                 |                        |                         |                  |
|                                     |                 | PLEASE PRIN            | T                       |                  |
| SIGNATURE:                          |                 | PLEASE PRIN            | Τ                       |                  |
| SIGNATURE:<br>DATE:                 |                 | PLEASE PRIN            | Τ                       |                  |
|                                     |                 | PLEASE PRIN            | Τ                       |                  |
| DATE:                               |                 | PLEASE PRIN            |                         |                  |

<sup>1</sup> PLEASE NOTE: Parent signature not require to transfer record between NLSchools schools.