

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	 file, to our
School:				
Address:				
NAME OF PRINCIPAL:				
		PLEASE PRIN	T	
SIGNATURE:		PLEASE PRIN	Τ	
SIGNATURE: DATE:		PLEASE PRIN	Τ	
		PLEASE PRIN	Τ	
DATE:		PLEASE PRIN		

¹ PLEASE NOTE: Parent signature not require to transfer record between NLSchools schools.