

Transcript Request Form

Exchange of Information

A school district may permit access to pupil records to any person for whom the parent of the pupil has given written consent specifying the party or class of parties to whom the records may be released. The recipient must be notified that the transmission of the information to others without the written consent of the parent is prohibited. The consent notice shall be permanently kept with the record file.

California State Education Code, Section 49075

Last School Attended:

Date: _____

School Address:

City: _____ State: _____ Zip: _____

We appreciate receiving all of the following confidential information on the pupil named below:

Psychological	A Transcript of Grades
Health Records	Test Results
Special Education Records	Cumulative Records
Educational Records	Others

I authorize the exchange of information between the above agency or school regarding:

Student Name: _____ Date of Birth: ____/____/____

Last Grade completed: _____

Student

Address: _____

City: _____ State: _____ Zip Code: _____

Parent Signature: _____ Date: ____/____/____

Your quick cooperation is appreciated. The above confidential information is being requested by: Peace Terrace Academy 33330 Peace Terrace Fremont Ca 94555- Email student records to: admin@peaceterrace.org