



Tonalea Day School
Phone: (928) 283-6325
Fax: (928) 283-5158

Release/Transfer of Record (s) Form

Date: _____

Student: _____ **Grade:** _____ **DOB:** _____

Parent /Guardian: _____, enroll at Tonalea Day School.

Records Requested From: Previous School: _____

Address: _____

Phone Number: _____

Fax Number: _____

We request the transfer of this Student's:

- Cumulative Record Psychological and Special Education Records (If applicable, IEP, consent of evaluation, placement, summary reports)
- Medical and Health Record Other: _____

For purpose of routine transfer.

Signed: _____ **Date:** _____
Name of Requester

I hereby authorize the transfer of the above Student's record to:

Tonalea Day School
Attn: Linda Curley
P.O. Box 39
Tonalea, Arizona 86044

Parent of Guardian Signature

Date