REQUEST FOR ELEMENTARY PUPIL CUMULATIVE RECORDS SAN DIEGO UNIFIED SCHOOL DISTRICT

From:	To: (Parents-List the name, address, phone #, and fax # for your child's previous school)	
San Diego Unified School District		
Torrey Pines Elementary School		
8350 Cliffridge Ave.	School Name:	
La Jolla, CA 92037		
858.453.2323		
Fax: 858.452.6923	Address:	
(Forwarding School: <u>Please send student records</u> <u>to the address listed above</u> .)		
Date:	Phone #:	
Requested by:	Fax:	

PUPIL NAME (last name first)	GRADE	BIRTHDATE

The students listed above have enrolled in the San Diego Unified School District at Torrey Pines Elementary School.

I hereby authorize their previous school to forward their permanent academic and cumulative records, health records, individual test records, and group test records to Torrey Pines Elementary School.

The signature below indicates my approval for sending their records to Torrey Pines Elementary School.

Signature of Parent or Guardian	Date
Print Name of Parent or Guardian	
TPES OFFICE USE ONLY Date Records Requested Record of Communications: (person, date, information)	Date Records Received