



# San Diego Unified SCHOOL DISTRICT

## REQUEST TO TRANSFER PUPIL RECORDS

To: \_\_\_\_\_  
*Last School Attended*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**The student listed below has enrolled in our school.**

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade in Fall \_\_\_\_\_ Gender:  Male  Female

I acknowledge notification that my child's school records are being requested from the named school and that I have a right to review, receive a copy of the records, and a right to challenge the content of the records (Ed Code 49068, C.A.C Title V, Section 438).

\_\_\_\_\_  
Parent/Guardian Signature Date

.....  
(To be completed by school Personnel)  
**We are requesting the following records as they pertain to the student listed above**

- \* Standardized Test Data
- \* Scholastic & Pupil Progress Data
- \* Health Data
- \* 504 Data
- \* Proficiency Test Results
- \* Special Education Data
- \* English Language Learner
- \* Transcripts

**Please send any other information that will assist us with placement and services.**

**Please send records to:**

iHigh Virtual Academy  
ATTN: Counseling Office  
3939 Conde Street  
San Diego, CA 92110  
Office: (619) 764-5440 Ext. 4593  
Fax: (619) 764-5484  
Website: [www.sandi.net/ihigh](http://www.sandi.net/ihigh)



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iHigh Virtual Academy