



Deamude Adventist Christian School
1765 W. 2100 S., Ogden, UT 84401



**Request for TRANSFER of EDUCATIONAL RECORDS
 BETWEEN SCHOOLS**

To:

SCHOOL: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

From:

Deamude Adventist Christian School

1765 W. 2100 S.
 Ogden, UT 84401
 (801) 731-3140
www.ogdenchristianschool.org

Re:

Student Name _____
 Birthdate: _____ Grade _____
 Date _____

In compliance with the Family Education Rights and Privacy Act of 1974, it is mandatory that written consent from the student's parents, or the adult student, be obtained in order to release school records.
I acknowledge notification of this transfer of records.

Parent or Adult Student Signature _____

Current Address: _____

Date: