



Request for transfer of records

Request for transfer of records

My child the following school for the next academic year:	_will be attending	My child the following school for the next academic	will be attending year:
Name of school		Name of school	
Grade child will enter:		Grade child will enter:	
I request that my child's <i>academic and medical records</i> be forwarded to the following address at the end of the current school year:		I request that my child's <i>academic and medical records</i> be forwarded to the following address at the end of the current school year:	
Address		Address	
Signature of parent or quardian Date		Signature of parent or quardian	Date

Return this form to the PMFS Main Office 2150 Butler Pike Plymouth Meeting PA 19462 610.828.2288

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