

## Administrative Form 5013

## **RECORDS RELEASE AND REQUEST**

## Please do not send cumulative folders, or files will be mailed back.

Name of Student:	
Date of Birth (DOB):	
Name of Former School:	
City:	State:
	disclose education records to other schools to which a student is transferring (see U.S.C. 34 CFR §99.31).
	Please send the following items to:
School name:	
ATTN: Registrar / Se	ecretary name:
Street Name and Number	
City, State & zip	
Phone:	()
Fax:	()
Email:	
Email Unofficial Transo	cript Mail Official Transcript
Email Withdrawal Grad	des Mail Special Education Records (If applicable)
Email Immunization R	ecords Email Discipline
Email Birth Certificate	Email Proof of Custody/Guardianship
Email/Mail State Test : Nevada)	Scores (SAT, ACT +Writing, EOC's for students transferring within
Email Legal Document Federal Court or Powe	ts: Includes documents that have been filed with a County, State, or of Attorney.
Date (1st request)	
Date 2 <sup>nd</sup> request)	

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