

Coastal Academy

Authorization to Transfer School Records

To: SCHOOL RECORDS SUPERVISOR

School Name _____

Address _____

City _____ State _____ Zip _____

As the parent/guardian of the below named pupil(s), I hereby request and authorize the transfer of the following cumulative school records related to said pupil(s), to Coastal Academy, a private school. Per California Education Code #49068, please comply within 10 schooldays of receiving this request.

- Grades/Report Cards/Transcripts
- Health Records (incl. Immunization Records)
- Special Education Records (incl. IEP &/or 504 Plan)
- Discipline Records (last 3 years per CA Ed Code Section #49079-d)

Please send records to:

**Coastal Academy
2043 Lomita Blvd.
Lomita, CA 90717**

Student's Full Name _____ Birth Date _____

Student's Full Name _____ Birth Date _____

Student's Full Name _____ Birth Date _____

Parent/Guardian's Name (Please Print) _____

Parent/Guardian's Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Telephone () _____

OFFICE USE

- 1st Request Date: _____
- 2nd Request Date: _____
- 3rd Request Date: _____