# 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***

***25501 Oak Street***

***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: