

# 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

- 1<sup>st</sup> Request Date: \_\_\_\_\_
- 2<sup>nd</sup> Request Date: \_\_\_\_\_
- 3<sup>rd</sup> Request Date: \_\_\_\_\_