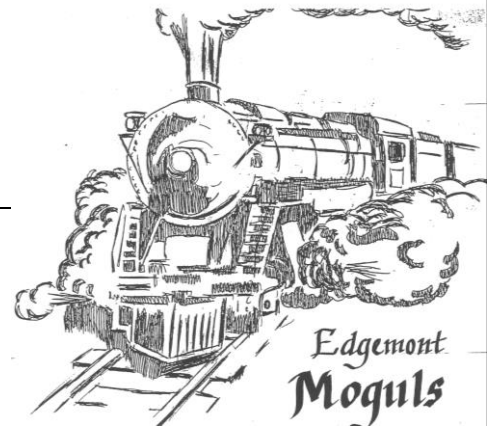


# Edgemont School District 23-1

PO Box 29 • 715 Mogul Way • Edgemont, SD 57735  
Phone 605-662-7254 • Fax 605-662-7721



## Request for transfer of education records between schools

Last School Attended: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

I hereby authorize to release to Edgemont School district 23-1 all cumulative records including:  
Transcript of grades, Immunization records, standardized test data, Special Education testing, IEP  
Other \_\_\_\_\_.

Student	Birth Date	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date