



Global Village Academy

5720 State Rd. ♦ Parma, OH ♦ 44134

Phone: (216) 767-5956 ♦ Fax: (216) 767-5653 ♦ globalvillageoh@gmail.com

REQUEST FOR TRANSFER OF STUDENT RECORDS

RECORDS OF: _____
Student Name _____ *Grade* _____ / ____ / ____
Date of Birth

Address _____ *City* _____ *State* _____ *Zip* _____

RELEASED FROM: _____
School/Agency

Address

City, State, Zip

Phone: _____ Fax: _____

RELEASE TO: **Global Village Academy**
Attn: Registrar
5720 State Road
Parma, OH 44134-2594

Phone: (216) 767-5956 FAX: (216) 767-5653

Please include all items listed below:

- Transcripts/Academic Grades (current and prior years)
- Standardized Test Scores (achievement/ability, diagnostics, competency, etc.)
- Health Records
- IEP/ETR
- 504 Plan
- Reading Improvement Monitoring Plan
- Records of Special Services (LEP, Title I, etc.)
- Other, please specify _____

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and I understand that I have the right to receive a copy, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Signature _____ *Relationship* _____ *Date* _____