



REQUEST FOR THE TRANSFER
OF STUDENT RECORDS

TO: (Please indicate the school your son/daughter is attended during the 2008-2009 school year.)

RELEASE OF INFORMATION

Student's Legal Name: _____

Date of Birth: _____

You have permission to release all records of my child, named above, to:

Darnell-Cookman Middle/High School
School of the Medical Arts
1701 North Davis Street
Jacksonville, FL 32209

Parent/Guardian Signature

Date

Please send the cumulative records, including Florida ID#, academic records, Psychological records, exceptional child records, and medical records for the student listed above.

COMMENTS:

Thank you,