



DEPARTMENT OF DEFENSE DEPENDENT SCHOOLS
 DISTRICT SUPERINTENDENT'S OFFICE
 OKINAWA, JAPAN

STUDENT TRANSFER NOTIFICATION
"RELEASE OF STUDENT'S RECORDS
TO PARENTS"

Student's Name _____
 Last Name, First Name MI

Teacher _____ Grade _____

Last Day Attending Class _____

*RECORDS CAN BE PICKED UP ON STUDENT'S LAST DAY OF SCHOOL

Forwarding Address _____

Sponsor's Name: _____
 Rank Last Name First Name MI

Duty Phone ☎ _____

Home Phone ☎ _____

OFFICE CHECKLIST:

ACADEMIC FILE	_____	REPORT CARD	_____
DS600/DSPA2030.2	_____	EVAL	_____
PERSONAL FOLDER	_____	ESL	_____
CSC	_____	HEALTH RECORD	_____
EMC	_____	TAG	_____
		READING FOLDER	_____

Records provided should include student's report card, evaluation form (if applicable) and all standardized test data.

I hereby acknowledge receipt of copies of the above indicated records.
PLEASE HAND-CARRY RECORDS TO NEXT SCHOOL.

 Sponsor's / Parent's Signature

 Date

 Official Initials