DoDDS-Pacific/DDESS-Guam
OKINAWA DISTRICT

STUDENT WITHDRAWAL REQUEST

"RELEASE OF STUDENT RECORDS TO PARENTS"

STUDENT NAME: _____ **GRADE:** _____

SCHOOL: _____ **HOMEROOM TEACHER** _____

REASON FOR WITHDRAWAL: ☐ **PCS** (attach orders)
☐ **OTHER** _____

LAST DAY OF ATTENDANCE: _____

SPONSOR NAME: _____

DUTY PHONE: _____ **CELL:** _____

WORK EMAIL: _____ **HOME EMAIL:** _____

FORWARDING ADDRESS: (if not known, permanent stateside)

_____

_____

_____

A copy of student records will be **ready to pick up after 2:00 pm on student's last day**, or at the following mutually agreed date & time_____. This copy will include all academic and health information in the cumulative file and is provided for parents to hand-carry to the next school.

Please sign to indicate receipt of records.

SPONSOR / PARENT SIGNATURE	DATE	REGISTRAR INITIALS

SCHOOL USE ONLY

- ☐ Academic File
- ☐ Form 600 / DSPA 2030.2
- ☐ Report Card / Transcript
- ☐ Health Record
- ☐ Standardized Test Data
- ☐ Gifted Education (Student Profile Card)
- ☐ ESL
- ☐ Literacy folder
- ☐ Read 180
- ☐ CSC File
- ☐ Separate Student Clearance Checkout Sheet used & attached
- ☐ Information Center _____ (initials)
- ☐ Cafeteria _____ (initials)
- ☐ Books/School Property _____ (initials)
- ☐ Official Transcript (Secondary only)
- ☐ OTHER: _____

Okinawa DSO 3/13/08