



**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY  
ANDERSEN ELEMENTARY SCHOOL  
UNIT 14057, APO AP 96543-4057  
671-366-1511/12**



**STUDENT TRANSFER/WITHDRAWAL FORM  
"RELEASE OF STUDENT'S RECORDS TO PARENT"**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
*(Last Name, First Name, M.I.)*

Grade: \_\_\_\_\_

Last day student will be attending classes: \_\_\_\_\_ Teacher: \_\_\_\_\_

Sponsor/Parent will **pick up** record(s) **AFTER 2:15** on (Date): \_\_\_\_\_  
*(Pick up date must be students last attendance date or any date after)*

Reason for withdrawal: \_\_\_\_\_

\* **If due to PCS**, will student be attending a DoDDS School? *(Yes/No)*

**Please list special services (if any) that your child has received at this school** (i.e. TAG, special education, reading recovery (1<sup>st</sup> Grade), reading improvement services, English as a Second Language (ESL), speech therapy, intervention services:

Sponsor's Name: \_\_\_\_\_  
Rank Last Name First Name Middle Initial

Forwarding Address: \_\_\_\_\_

Duty Telephone Number: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Sponsor/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*If PCS or Move please bring copy of ORDERS to receive record\***

**OFFICIAL REGISTRAR USE ONLY**

**REGISTRAR CHECKLIST WHEN RELEASING RECORDS:**

\_\_\_ Orders \_\_\_ Library \_\_\_ Cafeteria \_\_\_ Outlook \_\_\_ Student Acct \_\_\_ ASPEN  
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**STUDENT RECORDS CONTENTS:**

___ TAG (Talented/Gifted)	
___ CUMULATIVE ACADEMIC FILES	___ Reading Folder (BAS)
___ CSC (Case Student Committee)	___ Student Transfer Notification _____ <i>Date sent to HR teacher</i>
___ PREVIOUS SCHOOL RECORDS	___ ESL (English as Second Language)
___ REPORT CARD	___ Health Records

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

*Sponsor/Parent, please sign this portion on the date of record pick up from Registrar*

I hereby acknowledge receipt of copies of the above-indicated records.

Sponsor/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_