



St. Brigid School

695 Stevens Avenue
Portland, ME 04103

TRANSFER OF PUPIL RECORDS FORM

This is to certify that I, _____, the parent / legal guardian of the child/children listed below do hereby request the educational records (medical, special services and psychological) of the below listed child/children be transferred to :

St. Brigid's School
695 Stevens Avenue
Portland, ME 04103

Parent / legal guardian privileges and obligations under the Family Educational Rights and Privacy Act are:

1. Notification of the transfer
2. If desired, a copy of records may be obtained with cost of copying by parent/legal guardian
3. An opportunity for a hearing to challenge the content of the records be provided.

I have been informed and understand my rights regarding the transfer of pupil records.

Date: _____ Authorized Signature: _____

Student Name	Grade	Name & Address of Former School
_____	_____	_____
_____	_____	_____
_____	_____	_____