



## REQUEST FOR TRANSFER OF STUDENT RECORDS

School Last Attended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail records to: **REGISTRAR**  
**GREENLEAF FRIENDS ACADEMY**  
**PO BOX 368**  
**GREENLEAF, ID 83626**  
Phone: 208-459-6346 Fax: 208-459-7700  
email: [office@gfaschools.org](mailto:office@gfaschools.org)

Please send:

1. Grades to date of withdrawal
2. Test Scores
3. Attendance
4. Health Records
5. Counselor Information
6. Explanation of Grading Scale
7. Psychological and Special Education Records

STUDENT NAME

GRADE

BIRTHDATE

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Thank you,

\_\_\_\_\_  
School Official

\_\_\_\_\_  
Date

\*Note: Federal Law 99.31 specifies that no parental signature is required for educational records to be released to another educational agency.