



Nicasio School District

Authorization for School Records Request

I authorize Nicasio School District to request the transfer of my child's official school records.

From:

School of attendance _____

School Address _____

School Phone _____ School Fax _____

For:

Student Name _____

Date of Birth _____ Grade _____

Parent/Guardian: _____
(Print Name)

Signed: _____ Date _____
(Parent/Guardian Signature)

P.O. Box 711 5555 Nicasio Valley Road Nicasio, California 94946
Phone 415.662.2184 Fax 415.662.2250