



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y Child Development Center
300 E. Parkwood Street, Sidney, OH 45365
Phone: 937.498.2273
Fax: 937.492.4705

REQUEST FOR RECORDS TRANSFER

Instructions: This form may be completed by a parent or legal guardian for the purpose of requesting a records transfer. Parent or guardian identification may be required, especially for archived records (over six months). Completed forms may be mailed, faxed, or delivered in person with copy of a legal identification card to the address indicated on the form. Please allow at least five business days for processing.

STUDENT NAME _____ DOB _____

NAME AND ADDRESS OF SCHOOL OR PROGRAM TO WHICH RECORDS SHOULD BE SENT

(Indicate attention to, if applicable.)

I _____ (name of parent or legal guardian) request a release of my child's records to the program indicated on this form.

Signature

Date