



Request for Inter District Transfer Out of Resident District

Transfer Requested for School Year _____

Transfer **from Resident** School District: Albany Public School District Resident School _____

Transfer **to Receiving** School District _____ Requested School(s) _____

Reason for Requested Transfer: _____

Is the student currently expelled from any school district? No Yes - If yes, please explain.

Student Information

Legal Last Name _____ Legal First Name _____

Home/Mailing Address _____

City _____ State _____ Zip _____

Date of Birth _____ (MM/DD/YY) Grade Level Entering for requested year _____

Parent/Guardian Information

Parent/Guardian Name (Person in Parental Relationship) _____

Primary Phone of Parent/Guardian _____ Secondary Phone _____

Parent/Guardian Email Address _____

Signature of Parent/Guardian _____ Date _____

Granting the request for release does not guarantee acceptance to another district.

For Office Use Only

Resident District	Receiving District
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
_____ Signature of Superintendent/Designee Date	_____ Signature of Superintendent/Designee Date
Reason(s) for Approval or Denial _____ _____ _____	Reason(s) for Approval or Denial _____ _____ _____