Student's Name		Birthdate	Grade	
		4		
	-	30 40	* # *	
			-	
Parent Name		Previous S	School Name	
Previous School Address	Previous School Address		Previous School Fax#	
Please forward ALL records for the In compliance with the Family Educelease of certain information, I hereby give the records and reports I have checked:	ation Rights ar	nd Privacy Act of 19	74 which requires for the	
) Cumulative file including immunization) Special Education Records and/or Psy) Other Records as indicated	chological Rep	orts	dy documents, etc.	
Signature		Date		

PLEASE FORWARD ALL RECORDS TO:

PONY EXPRESS ELEMENTARY 3985 SMITH RANCH ROAD EAGLE MOUTAIN, UT 84005

Office: 801-610-8714 Fax: 801-789-2604