Receiving Title I Transfer School Records Accountability Form
20[ ]-20[ ]

Zoned School	Last Name	First Name	I.D.	Grade	DOB	IEP Yes/No	New School	Cumulative File Yes/No	Special Ed. File Yes/No	Medical Yes/No	Date file carried to Receiving school by PPW	Date received	Notes	Signature of sending school records personnel	Signature of receiving school records personnel