

Student Name: \_\_\_\_\_



CUM REQUEST

Date: \_\_\_\_\_

Former school: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Last day at former school: \_\_\_\_\_

I give my consent to you to send the cumulative, confidential and health records, including group test scores, grades, transcripts and any other pertinent data to:

Loma Prieta Joint Union School District  
23800 Summit Road  
Los Gatos, CA 95033

For my child: \_\_\_\_\_

Date of birth: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Special Programs

Please check if the student has received or has participated in any of the following:

Gifted & Talented

Limited English (ELD)

Other \_\_\_\_\_

\_\_\_\_\_ Assessed for Special Education Services

\_\_\_\_\_ Resource Specialist

\_\_\_\_\_ Speech & Language