Department of Special Education Transfer of Confidential File Date: Student: Signature: Receiving School: Signature: VERIFICATION OF RECEIPT OF FILE

	ent of Special Education of Confidential File
Date: _	
udent:	Date of Birth:
Signature:	
eceiving School:	Date:
Signature:	

Transfer of Confidential File	
Date: _	
Student:	Date of Birth:
Signature:	<u> </u>
Receiving School:	Date:
Signature:	