



# CANYONS

## SCHOOL DISTRICT

### Receipt for Confidential Student Files

Please sign, date and return to sender

#### Sending School

School: \_\_\_\_\_

Sender's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

#### Receiving School

School: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

The undersigned has received the above student's file from Canyons School District. Please return to the sending school.

---

Print Name

---

Signature

---

Date