**Transfer of Records**

This form should be used when physically transferring records to a new setting. A copy should be kept for X months (in line with the school’s retention period) with the returned Confirmation of Receipt in case of queries, after which point it can be destroyed.

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| --- | --- | --- | --- |
| **Transfer From** | | **Transfer To** | |
| School: |  | School: |  |
| Address: |  | Address: |  |
| Contact: |  | Contact: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Records** | | | | |
| Pupil Name(s): |  | | | |
| Contains:  (Tick if included) | ❑ | SEN | ❑ | Safeguarding |
| ❑ | Child Protection | ❑ | Attainment |
| ❑ | Absence | ❑ | Reports |
| ❑ | Other: | | |
| Method of Transfer: | ❑ | Post | ❑ | Hand delivery |

|  |  |
| --- | --- |
| **Sender Information** | |
| Name: |  |
| Signature: |  |
| Role: |  |
| Email: |  |
| Date: |  |

Please return this slip to the sender above as confirmation of receipt of the records. By returning this slip you acknowledge that you are now the Data Controller and therefore accept all responsibility for the records.

|  |  |
| --- | --- |
| **Confirmation of Receipt** | |
| Pupil(s): |  |
| Received by: |  |
| Signature: |  |
| Role: |  |
| Date: |  |