Record Transfer Form

For the transfer of data from any n2y solution including, but not limited to, a student's personal contact information, profiles, assessment scores and interpreted results.

Dear Administrator and Parents/Guardians:

Please fill in the information below and submit it to n2y support (support@n2y.com) for appropriate transfer of student data.

Student Information

Student's Full Name: _____ Date of Birth: _____

Current Grade Band: _____ Student ID at Previous School: _____

Records To Be Transferred From:

Name of School or Organization: _____ Subscription ID: _____

n2y Administrator Name: _____

n2y Administrator Email: _____ Phone: _____

Teacher Name: _____Teacher Email: _____

Records To Be Transferred To:

Name of School or Organization: _____ Subscription ID: _____

n2y Administrator Name: _____

n2y Administrator Email: _____ Phone: _____

Teacher Name: _____ Teacher Email:_____

Authorization

I hereby authorize the release of data for the above-named student from the present school to the transferring school as listed above. I understand that any information transferred will remain confidential between the present school and the transferring school and n2y.

Administrator Name: _____

Administrator Signature: _____ Date: ___ / ___ / _____

OR Parent or Guardian Name: _____ Relationship to Student: _____

Parent or Guardian Signature: _____ Date: ___ / ___ / _____

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