Student Records Transfer Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

To Whom It May Concern,

I am writing to formally request the transfer of my academic records in order to facilitate my online course registration. Below are my details:

Full Name: [Your Full Name]
Student ID: [Your Student ID]
Date of Birth: [Your Date of Birth]

My records should be sent to:

[Receiving Institution Name]
[Institution Address]
[City, State, Zip Code]
Email: [Institution Email]

Thank you for your attention to this matter. Please let me know if you require any further information.

Sincerely,

[Your Name]