



Rhode Island Alternate Assessment (RIAA)  
Request for Transfer of Student Registration  
Receiving School District

This form is to be completed when a student who is registered in the RIAA transfers from one school to another within Rhode Island after the close of the RIAA student or enrollment registration window.

Please print:

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **SASID** \_\_\_\_\_  
mm/dd/yyyy 10 digits

**Receiving District** \_\_\_\_\_

**Receiving School** \_\_\_\_\_

**Principal's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Sp. Education Director's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Superintendent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Transfer Effective Date** \_\_\_\_\_

**Sending District** \_\_\_\_\_

**Sending School** \_\_\_\_\_

**Please submit completed form to:**

Cynthia Y. Corbridge  
Office of Instruction, Assessment and Accountability  
255 Westminster St.  
Providence, RI 02903  
(email) [cynthia.corbridge@ride.ri.gov](mailto:cynthia.corbridge@ride.ri.gov)  
(telephone) 401.222.8497 (fax) 401.222.3605