



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

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

Please print:

Student Name _____ **Grade** _____

Date of Birth _____ **SASID** _____
mm/dd/yyyy 10 digits

Sending District _____

Sending School _____

Principal's Signature _____ **Date** _____

Sp. Education Director's Signature _____ **Date** _____

Superintendent's Signature _____ **Date** _____

Student Transfer Effective Date _____

Receiving District _____

Receiving 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
(telephone) 401.222.8497
(fax) 401.222.3605