**GOLD Child Portfolio Transfer Request**

To request the transfer of child GOLD portfolio(s) to your district/program GOLD account, please complete the following table. Please include full child names.

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| --- | --- | --- | --- | --- | --- | --- |
| ***Child First and Last Name*** | ***Date of Birth*** | ***Previous District/Program*** | ***New District/Program*** | ***New Site, Teacher and***  ***Class Name***  ***(as it appears in GOLD)*** | ***SAIS ID# for child*** | ***Person requesting transfer*** |
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Please send back to Elizabeth Hamilton @ Elizabeth.hamilton@azed.gov