



Request for Student Records

Requesting School: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone#: _____

Email: _____ Fax#: _____

Previous School: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone#: _____

Email: _____ Fax#: _____

Student Information:

Last Name	First Name	M.I.	Grade	Birthdate

In compliance with the Family Education Rights and Privacy Act of 1974. All information concerning the above-named student(s) will be placed in the child's record and will be available for inspection and review in accordance with the requirements of the *Family Education Rights and Privacy Act (FERPA) of 1974*.

Records Release Authorization: Parent consent is not required for transfer of records to another school where the student intends to enroll. (Authority: 20 U.S.C. 123G(B)(1)(D).) Please call our office if you have any questions.

➤ **Parent/Guardian Signature:** _____ **Date:** _____

OFFICE USE ONLY: This form is to be sent by school officials, NOT by the student or parent/guardian.

Please FAX the following records as soon as possible as this student is in the process of registering at this school.

- | | |
|---|---|
| <input type="checkbox"/> Transcript | <input type="checkbox"/> 504 Plan (if applicable) |
| <input type="checkbox"/> Withdrawal grades | <input type="checkbox"/> IEP/Spec.Ed. records & evaluation (if applicable) |
| <input type="checkbox"/> Immunization records | <input type="checkbox"/> Any WA or other state assessment scores and/or college placement tests |
| <input type="checkbox"/> Health Care Plan (if applicable) | <input type="checkbox"/> WA state history or state history course completion grade |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Discipline/expulsion records; Becca orders (if applicable) |

Please MAIL the student's OFFICIAL records.

➤ **Registrar Signature:** _____ **Date:** _____