



Home of the Loggers

Innovative Northwest Learning

REQUEST FOR TRANSFER OF PERMANENT EDUCATIONAL RECORDS

To: School Last Attended _____

City, State, Zip Code _____

Phone _____ Fax _____

Student's Full Legal Name, PLEASE PRINT (First Middle Last) (any other name(s) used)

Grade _____

Date of Birth _____

INFORMATION TO BE RELEASED:

- Academic
- Attendance
- Behavior/Discipline
- District Testing
- Grades to Date of Withdrawal
- Special Services Assessment - including psychological, speech, language, hearing, physical therapy, occupational therapy, audiology, casework, medical, vocational, etc.
- Transcript - **PLEASE FAX TO 360-928-3066**
- Immunization record - **PLEASE FAX TO 360-928-3066**
- Other

PLEASE MAIL RECORDS INCLUDING HEALTH, ATTENDANCE, GRADES TO DATE OF WITHDRAWAL, DISCIPLINARY ACTION, VIOLENT BEHAVIOR, UNPAID FINES OR FEES.

PARENTS: I acknowledge notification of this transfer of academic records and understand I have a right to receive a copy at my own expense, if requested, and have a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent, as required by the Family Educational Rights and Privacy Act of 1974. Under Public Law 93-380, no parent signature is required for educational records sent to another educational agency.

Parent/Guardian Signature: _____ Date: _____

Please send records to:

**CRESCENT SCHOOL DISTRICT
Attn: Records
P. O. BOX 20
JOYCE, WA 98343**

Mailed / Faxed on: _____