

Date Faxed / Mailed: _____

STEVENSON ELEMENTARY SCHOOL
P.O. BOX 850 ** 100 N.W. SCHOOL STREET
Stevenson WA 98648
Phone 509.427.5672 *** FAX 509.427.7413

REQUEST FOR STUDENT RECORDS

PREVIOUS SCHOOL: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ FAX: _____

(DISTRICT NAME) _____

The following student(s) have enrolled at: STEVENSON ELEMENTARY SCHOOL

NAME: _____ DOB: _____ M / F _____ GRADE: _____

NAME: _____ DOB: _____ M / F _____ GRADE: _____

NAME: _____ DOB: _____ M / F _____ GRADE: _____

PLEASE INCLUDE ALL EDUCATIONAL RECORDS INCLUDING:

- | | | |
|--------------------|--------------------|-------------------------------|
| Progress Reports | Portfolios | Immunization & Health Records |
| Behavioral Records | Attendance Records | Academic Records |
| Accelerated Reader | DIBELS | Standardized Test Scores |

SPECIAL EDUCATION RECORDS AND/OR CURRENT I.E.P. (Please Fax IEP)

Please address any questions to school registrar: Kali Stump (509) 427-5672

Registrar Signature

This transfer is provided for in the Family Education Rights and Privacy Act of 1974, as amended June 17, 1976. The new regulations no longer require an acknowledgement from the parent or eligible student that he or she has received notification before records may be released to other educational institutions. (99.34)

Parent/Guardian Signature

Date