

**WILSON CREEK SCHOOL DISTRICT**

PO BOX 46  
WILSON CREEK, WA 98860

TELEPHONE (509) 345-2541  
FAX (509) 345-2288

**REQUEST FOR TRANSFER OF ALL EDUCATIONAL RECORDS**

School Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip*

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

The following student(s) have enrolled in our school. Please send us a COMPLETE TRANSCRIPT of this (these) pupil(s) showing marks, credits earned, and interpretation of your grading system. We are also requesting **ALL SCHOOL RECORDS** for the student(s), including:

- |                            |                  |                                  |
|----------------------------|------------------|----------------------------------|
| Attendance                 | Immunization     | Psychological                    |
| Clinical                   | Special Services | Permanent & Confidential Reports |
| General Health Information | Progress Reports | Assessments                      |

<b>Name</b>	<b>Birth Date</b>	<b>Current Grade</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please forward these records to: Wilson Creek School District  
PO Box 46  
Wilson Creek, WA 98860-0046  
ATTN: Student Records

This transfer is provided for in the Family Educational Rights and Privacy Act (FERPA) 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) Information sent by the Wilson Creek School District may not be shared by any other party without the written consent of the parents or the student if the student is 18 years old or older. Please note that if the request is for health of medical information, the medical information received by the district is protected under FERPA privacy standards and not the Health Insurance Portability and Accountability Act (HIPAA).

I understand that my consent for the release of records is voluntary and I can withdraw my consent at any time in writing. Should I withdraw my consent, it does not apply to information that has already been provided under the prior consent for release.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date