

# WILSON CREEK SCHOOL DISTRICT

PO BOX 46  
WILSON CREEK, WA 98860

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

## REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

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

Address \_\_\_\_\_

City

State

Zip

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

**Student(s) Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Current Grade** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

### Administration use only:

The following student(s) have **enrolled** in our district. Please send **COMPLETE SCHOOL RECORDS** (cumulative file), including transcript showing marks, credits earned, Special Services and IEP/504 plans, and an interpretation of your grading system.

Please scan or fax the following information **immediately** to allow scheduling.

- |   |  |
|---|--|
| <input type="checkbox"/> Grades/Transcripts         | <input type="checkbox"/> Discipline                |
| <input type="checkbox"/> Attendance                 | <input type="checkbox"/> Special Services, IEP/504 |
| <input type="checkbox"/> General Health Information | <input type="checkbox"/> Assessments               |

The following student(s) are **attempting** to enroll in our district but have not yet be accepted. In order to render a decision, we are requesting the following documents be emailed or faxed to our district.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Attendance                 | <input type="checkbox"/> Assessments               | <input type="checkbox"/> Grades/Transcripts               |
| <input type="checkbox"/> Immunization               | <input type="checkbox"/> Special Services, IEP/504 | <input type="checkbox"/> Permanent & Confidential Reports |
| <input type="checkbox"/> General Health Information | <input type="checkbox"/> Progress Reports          | <input type="checkbox"/> Discipline                       |

\*\*As soon as our administration has rendered a decision notification will be sent to your district for the entire student(s) cumulative file.

Wilson Creek School District  
PO Box 46  
Wilson Creek, WA 98860-0046  
ATTN: Student Records (Stacy Sims)

Email: [ssims@wilsoncreek.org](mailto:ssims@wilsoncreek.org)  
Fax: 509-345-2288 Attn: Records