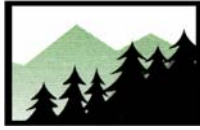


# Snohomish



# School District

## Parent Partnership Program

1601 Avenue D ~ Snohomish, WA 98290

June Shirey, Administrator ~ Mary Roskelley, Secretary

1601 Avenue D ~ Snohomish, WA 98290

360-563-3423 Fax 360-563-3402

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## "RECORDS REQUEST"

Today's date \_\_\_\_\_

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Birth Date

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

\_\_\_\_\_  
FAX #

\_\_\_\_\_  
School District

\_\_\_\_\_  
School Address

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Parent Signature

Please send the following records:

Attendance

Disciplinary Information

Health Records

IEP Information

Official Transcript

Withdrawal Grades

According to Section 7.0 and 7.2 of the Family Educational Rights and Privacy Act of 1974, P.L. 93-380, parent signature is not required to transfer student records to other schools upon official request from that school.