

# Records Request Form



Date: \_\_\_\_\_

Student Information	
Name:	
School Student Attends:	
Date of Birth:	

Requestor's Information	
Name:	
Agency:	
ID or Badge No.:	

Requestor's Relationship to Student			
<input type="checkbox"/>	Parent / Guardian of student under 18	<input type="checkbox"/>	Law Enforcement
<input type="checkbox"/>	Parent / Guardian of student over 18	<input type="checkbox"/>	DSHS / CPS Official
<input type="checkbox"/>	Eligible Student (over 18)	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Non-Eligible Student (under 18)	<input type="checkbox"/>	Other:

Student Records or Information Sought and Description of Circumstances

*Each student graduating with options and prepared to fully participate in our democracy.*

300 Southwest 7th Street, Renton, Washington 98057-2307 | p.425.204.2333 | f.425.204.2275

# Records Request Form



At least one of the following <u>must</u> be marked in order for the District to release the requested records:	
<input type="checkbox"/>	I received the appropriate written consent of the parent/guardian/student allowing the release of the requested records. A copy of the written consent is included with this request.
<input type="checkbox"/>	Disclosure of the requested records is in connection with an articulable and significant health or safety emergency. Knowledge of the information requested is necessary to protect the health and safety of the student or other individuals. 34 CFR §§ 99.31(a)(10), 99.36.
<input type="checkbox"/>	Disclosure of the records is to a State or local official to whom the information may be disclosed pursuant to State law, particularly_____. The disclosure is authorized by State statute or relates to the juvenile justice system and the system's ability to effectively serve, prior to adjudication, the student whose records are released. 34 CFR §§ 99.31(a)(5)(1), 99.38.

The undersigned certifies to the District that the information obtained will not be disclosed to any other party without appropriate prior written consent, except as provided under State law.	
Signed:	
Print Name:	
Phone Number:	

Please Send Records via:	
<u>Fax</u> Name:	<u>Email</u> Name:
Fax Number:	Email Address:
<u>Regular Mail</u> Name:	
Address:	

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