

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



## MARCUS WHITMAN MIDDLE SCHOOL

Attn: Registrar  
1887 MADRONA DR. SE  
PORT ORCHARD, WA 98366-2752

PREVIOUS SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GR: \_\_\_\_\_

In accordance with ORS 326.565 and 326.575, please forward the following student education records to the requesting school:

### FAX or E-MAIL

- Withdrawal Grades
- Health Information/Immunization Records
- Disciplinary Records

### MAIL

- All Academic Records
- Attendance Records
- Report Cards
- Test Scores
- 504 Plan
- Special Educations Records (Include IEP)
- Proof of Washington State or other state history successfully completed

ACCORDING TO THE FINAL REGULATIONS-FAMILY EDUCATION RIGHTS AND PRIVACY ACT (BUCKLEY AMENDMENTS), DATED JUNE 17, 1978, IT IS NO LONGER NECESSARY TO OBTAIN WRITTEN CONCENT TO RELEASE RECORDS. IT STATES THAT SCHOOL OFFICIALS, INCLUDING TEACHERS WITHIN THE EDUCATIONAL INSTITUTION AND OFFICIALS AT OTHER SCHOOLS IN SCHOOL SYSTEMS IN WHICH THE STUDENT MAY INTEND TO ENROLL, MAY RECEIVE A STUDENT'S RECORD WITHOUT A WRITTEN CONSENT FOR SUCH RELEASE.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Registrar: Kim Sison  
Phone: 360-874-6171  
Fax: 360-874-6440  
[sison@skschools.org](mailto:sison@skschools.org)

1<sup>st</sup> Request: \_\_\_\_\_

2<sup>nd</sup> Request: \_\_\_\_\_

Received \_\_\_\_\_