



POTLATCH ELEMENTARY SCHOOL
"Aiming for Excellence"

REQUEST FOR TRANSFER OF EDUCATION RECORDS

By: Potlatch School District # 285

Potlatch Elementary School

130 6th Street

Potlatch, ID 83855

District Office: (208) 875-0327

Elementary Office: (208) 875-1331

Fax: (208) 875-0599

Date: _____

To: _____

Please include the following information with the cumulative folder:

- Birth Certificate
- Attendance Records
- Immunization and health records
- Discipline records
- Withdrawal grades
- Copies of report cards
- Standardized achievement test scores
- All IDAHO STATE test scores
- RIT Records
- ALL special education records, test results, previous services & current IEP

Please include any other information you believe might be helpful in evaluating and providing the most appropriate education for the following students:

Name	DOB	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In compliance with the Right of Privacy and Disclosure law of 1974, Potlatch School District has requested the permission for a transfer of school records for the parent or legal guardian of this/these student(s).

Signature of Parent or Legal Guardian: _____