

REQUEST FOR STUDENT RECORDS

Hockinson School District
Brush Prairie, WA

Student Name: _____	Date of Birth: _____
Student might also have records under the name of: _____	

Previous School: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone: _____	FAX: _____	
Last Day of Attendance: _____		

<i>Please send records to:</i>	Registrar Hockinson Heights Elementary School 20000 NE 164th Street Brush Prairie, WA 98606
	Phone: 360.448.6430 Fax: 360.448.6439

<i>Please send the following records:</i>	
Withdrawal Form with Grades	Immunization Records
Official Transcripts	Discipline Records
Permanent Student Records	Attendance Records
Special Education Records	Other: _____

As provided under the Family Rights and Privacy Act of 1974, I understand that I may obtain a copy of my child's personally identifiable records. I am aware that I may challenge the content of these records. I also understand that the school will treat these records confidentially. Finally, no one will send these records to a non-public school agency without my written consent.

Signature / Relationship

Phone

Date of Birth

<i>Office Use Only:</i>
_____ Registrar
1st Request: _____
2nd Request: _____
3rd Request: _____