

# REQUEST FOR STUDENT RECORDS

Hockinson School District  
Phone: 360.448.6430  
Fax: 360.448.6439

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

Previous School: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone: _____	FAX: _____	
<b>Last Day of Attendance:</b> _____		

***Please send records to:*** [lisa.homola@hocksd.org](mailto:lisa.homola@hocksd.org)  
**or mail to:**  
**Hockinson Heights Elementary School**  
**20000 NE 164th Street**  
**Brush Prairie, WA 98606**  
**Attn: Registrar**

***Please send the following records:***

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: _____