

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: _____

Please send records to: **Registrar
Hockinson High School
16819 NE 159th Street
Brush Prairie, WA 98606**

Or e-mail records to: **trina.kuntz@hocksd.org**
Phone: 360.448.6450
Fax: 360.448.6459

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

Office Use Only:

Registrar

1st Request: _____

2nd Request: _____

3rd Request: _____