

# 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: \_\_\_\_\_