

SOUTH WHIDBEY SCHOOL DISTRICT

REQUEST & AUTHORIZATION FOR TRANSFER OF EDUCATION RECORDS BETWEEN SCHOOLS

I authorize the release and transfer of education records and confidential information for:

Student: _____

Date of Birth _____ Grade: _____

Former School: _____

Address of Former School: _____

City: _____ State: _____ Zip Code: _____

Phone number of Former School: _____ Fax Number: _____

It is my understanding the information and records transferred will be treated confidentially and will not be transmitted to any third party without my consent following the guidelines of the Federal Education Rights and Privacy Act.

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Home Address: _____

Phone: _____

Please send the following records to the address checked off below:

_____ Cumulative Records _____ Psychological Testing/Confidential Records

_____ Health Records _____ Communication Disorders Specialist Records

PLEASE FAX BIRTH CERTIFICATE AND IMMUNIZATION RECORDS AS SOON AS POSSIBLE

_____ **So. Whidbey Grades TK-5**
5380 Maxwellton Rd
Langley, WA 98260
Tel: (360) 221-4600
FAX: (360) 221-6929

_____ **So. Whidbey ALE K-8**
5476 Maxwellton Rd
Langley, WA 98260
Tel: (360) 221-5100
Fax: (360) 221-6272

_____ **So. Whidbey Grades 6-12**
5675 Maxwellton Rd
Langley, WA 98260
Tel: (360) 221-4300
Fax: (360) 221-5797