MONROE SCHOOL DISTRICT

Date Rec'd _____

360 804-2500

Request for Student Records Form

(For release to parent/guardian or adult student)

Today's Date: _____

Name of Student: _____
(Last Name) (First Name) (Middle initial)

Date of birth: _____ School(s) attended: _____

☐ Current Student ***or*** Dates of Attendance: _____

I am requesting the following records for the above student:

_____

_____

_____

Any additional information or data you may wish to provide to ensure the records provided meet your needs (optional):_____

_____

Records to be:

☐ Reviewed on site (set up appointment with location staff)

☐ Emailed to: _____

☐ Picked up by: _____

☐ Mailed to:

Attention (Name):_____

Company/School_____

Street Address _____

City, State, Zip_____

_____ _____
Signature of person requesting Information (Printed) Name of requestor

Relationship to student (circle one): × Self × Parent/Guardian (if student is under 18)

Contact Phone Number/Email _____

Cost: Although records must remain within district control, they may be copied or reproduced for the parent or eligible student. One copy of each record will be provided at no cost. Additional copies shall be at the established per page rate.

Mail, email, or fax completed request: Attn: Records Management
Monroe School District Fax: 360 804-2529; 14692 179th Ave SE, Monroe WA 98272; rothmane@monroe.wednet.edu

*Pursuant to WAC 72-280-020, Monroe School District shall respond, in no case, more than 45 calendar days after the request has been made.