



AUTHORIZATION FOR RELEASE OF RECORDS

Date: _____

Student Name:	DOB:	Grade:
Last School Attended:	Last School's Address:	
Phone Number:	Fax Number:	
Withdrawal Date from Last School:		

Please release the following confidential and non-confidential educational and health records that are marked below:

☐ Report cards / Transcripts	☐ Student Testing: State Testing, WIDA, etc.
☐ Attendance	☐ Immunization / Health
☐ Discipline	☐ Birth Certificate
☐ Withdrawal Grades	☐ Special Education, 504 Plan, Highly Capable

Other Information: _____

In accordance with the Family Educational Rights and Privacy Act, and Washington State Law, I hereby authorize the release of all records regarding the following student(s). I understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Parent/Guardian/Adult Student Signature_____
Date

Office Use Only	PLEASE SEND RECORDS TO: Mansfield School District 491 Rd 14 NE, PO Box 188 Mansfield, WA 98830 Attention: Tammy Freels, District Secretary Email: tfreels@mansfield.wednet.edu
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