

# REQUEST FOR RELEASE OF STUDENT RECORDS

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The above named student has enrolled in the Medical Lake School District. Please send **ALL SCHOOL RECORDS** including, but not limited to the following:

- Cumulative Folder (attendance records, grade level, test results, grades, etc.)
- Discipline Records
- Health Information (hearing, vision, immunization records, sports physicals, etc.)
- Special Education (IEP, assessments, psychological, social or developmental info, etc.)
- Other (Title I/LAP, ESL, 504 Plans, Becca, class schedules and grades at withdrawal)
- Transcripts and/or Academic History (high school transcript and school graduation requirements)

I hereby give my consent for release of the above records regarding my child. I further acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and 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. However, upon request the district discloses education records without consent to officials of another school district in which a student seeks or intends to enroll.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**SEND ALL CUMULATIVE AND HEALTH RECORDS TO \_\_\_\_\_  
AT THE SCHOOL INDICATED BELOW:**

\_\_\_\_\_  
**Michael Anderson Elementary**

400 W. Fairchild Highway  
Fairchild AFB, WA 99011  
Phone (509) 565-3600  
Fax (509) 565-3601

\_\_\_\_\_  
**Hallett Elementary**

PO BOX 128  
Medical Lake, WA 99022  
Phone (509) 565-3400  
Fax (509) 565-3401

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**Medical Lake Middle School**

PO BOX 128  
Medical Lake, WA 99022  
Phone (509) 565-3300  
Fax (509) 565-3301

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**Medical Lake High School**

PO BOX 128  
Medical Lake, WA 99022  
Phone (509) 565-3200  
Fax (509) 565-3271

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**Medical Lake Alternative**

PO BOX 128  
Medical Lake, WA 99022  
Phone (509) 565-3141  
Fax (509) 565-3149

## SPECIAL EDUCATION RECORDS

Including but not limited to assessments, IEP's, psychological testing, and other relevant data to:

\_\_\_\_\_  
**Educational Support Services - Medical Lake School District**

PO BOX 128  
Medical Lake, WA 99022  
Phone (509) 565-3145  
Fax (509) 565-3149  
mking@mlsd.org

\_\_\_\_\_  
Parent Signature