



COLUMBIA SCHOOL DISTRICT No 206

REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

TO:

School Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	

REQUESTING RECORDS FOR:

Student Name	Birthdate	Grade

- PLEASE FAX IMMUNIZATION, BIRTH CERTIFICATE, ATTENDANCE RECORDS, WITHDRAWAL GRADES OR TRANSCRIPT
- PLEASE MAIL CUMULATIVE FILE(S) TO:
COLUMBIA SCHOOL DISTRICT #206
ATTN: STUDENT RECORDS
PO BOX 7
HUNTERS, WA 99137

Please forward all educational records of the above named student(s):

- PROGRESS RECORDS
- IMMUNIZATION INFORMATION
- BEHAVIORAL RECORDS
- SPECIAL EDUCATION RECORDS

Under Public Law 93-380, now amended in Section 99.34, PL 93-568, a parent signature is not required for educational records sent to another educational agency.

School Official Signature _____

Date request mailed: _____ Date request faxed: _____