

**Almira School District No. 17  
P O Box 217  
Almira, WA 99103-0217  
509-639-2414 Fax: 509-639-2620**

**Request for Transfer of School Records  
And  
Authorization for mutual exchange of confidential information**

To: (previous) School \_\_\_\_\_ District # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Re: Student \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

The above student(s) have enrolled in Almira School District. In compliance with the Family Rights and Privacy Act of 1974, information sent or received by the Public Schools may not be shared with any other party without the written consent of the parents or guardian or the pupil if eighteen years old or older.

Please forward all records including:

- Cumulative Record     Health Record     Special Ed Records
- Psychological & Counseling Records including any discipline or expulsion for weapons at school

To: Almira School District  
Attn. Luci Klein  
PO Box 217  
Almira, WA 99103  
Fax: 509-639-2620

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I acknowledge notification of this transfer of school 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. Please send all records as indicated above.

Parent/guardian signature \_\_\_\_\_

Current address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_