

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

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 _____