NINE MILE FALLS SCHOOL DISTRICT 325/179 Request for Student Records

TO:	Previous School Name		Phone // Fax			
	Previous School Address	(City	State	Zip	
Please	e release the information identified below	v concerning	:			
Studen	t's Name	Date of Birt	h		Current Grade	
TO:						
	Lakeside High School 5909 Highway 291 Nine Mile Falls, WA 99026 509-340-4200 // 509-340-4201 fax		6169 H Nine N	ide Middle Sch Highway 291 Mile Falls, WA 40-4100 // 509-	. 99026	
	Lake Spokane Elementary School 6015 Highway 291 Nine Mile Falls, WA 99026 509-340-4040 // 509-340-4041 fax		Nine Mile Falls Elementary School 10102 W Charles Road Nine Mile Falls, WA 99026 509-340-4010 // 509-340-4011 fax			
	_ All Records					
	Birth Certificate			_ Attendance F	Records	
	Test Scores			ds		
	Sports Physicals		Immunization Records			
	Corrective Action or Punishment Action Summary					
	Special Ed // IEP // Title Records (Please fax these records as soon as possible.)					
	Transcripts (Please fax these records as soon as possible.)					
	Attach transcript/report card showing student has passed Washington State Histor					
	Other (Specify)					
Cianat	ure of Parent or Guardian*	Signati	ro of A	uthorized Schoo	1 Official	

^{*}Records Release Authorization: Parent consent is not required for transfer of records to another school where the student intends to enroll. (Authority: FERPA 20 U.S.C.§1232g; 34 CFR Part 99)