

**SOUTH WHIDBEY SCHOOL DISTRICT**

**REQUEST & AUTHORIZATION FOR TRANSFER OF EDUCATION RECORDS BETWEEN SCHOOLS**

I authorize the release and transfer of education records and confidential information for:

Student: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade: \_\_\_\_\_

Former School: \_\_\_\_\_

Address of Former School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number of Former School: \_\_\_\_\_ Fax Number: \_\_\_\_\_

It is my understanding the information and records transferred will be treated confidentially and will not be transmitted to any third party without my consent following the guidelines of the Federal Education Rights and Privacy Act.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Please send the following records to the address checked off below:

\_\_\_\_\_ Cumulative Records \_\_\_\_\_ Psychological Testing/Confidential Records

\_\_\_\_\_ Health Records \_\_\_\_\_ Communication Disorders Specialist Records

**PLEASE FAX BIRTH CERTIFICATE AND IMMUNIZATION RECORDS AS SOON AS POSSIBLE**

_____	<b>South Whidbey Grades K-4</b>	_____	<b>South Whidbey Grades 5-6</b>	_____	<b>South Whidbey Grades 7-12</b>
	<b>5380 Maxwellton Rd</b>		<b>South Whidbey Academy K-6</b>		<b>5675 Maxwellton Rd</b>
	<b>Langley, WA 98260</b>		<b>5476 Maxwellton Rd</b>		<b>Langley, WA 98260</b>
<b>Tel:</b>	<b>(360) 221-4600</b>		<b>Langley, WA 98260</b>		<b>Tel: (360) 221-4300</b>
<b>FAX:</b>	<b>(360) 221-6929</b>		<b>Tel: (360) 221-5100</b>		<b>Fax: (360) 221-5797</b>
			<b>Fax: (360) 221-6272</b>		