

**CHEHALIS MIDDLE SCHOOL
1060 SW 20th ST
CHEHALIS, WA 98532**

REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

Former School: _____

Phone: _____ Fax: _____

City: _____ State: _____ Zip: _____

In accordance with Section 438, paragraph (b)(1)(B), of the federal "Family Educational Rights and Privacy Act of 1974," the student's parents have been notified that a request for official records is being made, that they may receive a copy of desired, and that they have a right of a hearing to challenge the record content.

| NAME OF STUDENT(S) | BIRTHDATE | GRADE |
|---------------------------|------------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Parent or Legal Guardian Signature: _____

Current Address: _____

- This student is in our office now to enroll.
- This student is expected to enroll on _____.
- This student enrolled on _____.

| |
|-------------------------------|
| 1 st request _____ |
| 2 nd request _____ |
| 3 rd request _____ |

- _____ Disciplinary Records and Attendance Records
- _____ Transcript of Grades and Credits
- _____ Health Records (including immunization, screening information, nursing records)
- _____ Special Educational and Speech/Language/Hearing Records
- _____ Test Scores
- _____ List of any outstanding books and/or materials

Please send these records to: **CHEHALIS MIDDLE SCHOOL
1060 SW 20th ST
CHEHALIS, WA 98532**

PLEASE FAX IMMUNIZATION RECORDS ASAP TO (360)740-1849