



Manson School District

Continuous Student Learning

AUTHORIZATION TO RELEASE RECORDS

Request for transfer of educational, psychological and medical records between schools

PREVIOUS SCHOOL _____
DISTRICT _____
STREET _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____

**Please mail a copy of cumulative records for the following student(s) who have enrolled in our school*

Student Name(s):	Birthdate:	Grade:

Please include:

- Transcripts/Academic History
- Test History
- Health & Immunization Records
- Attendance History
- Confidential Records
- Discipline Records
- *Any Special Education/504 documentation, please fax and send to our Special Education address below
- Has student completed the WA State History Requirement? (Please fax proof of completion)

Does this student have any outstanding fines? Yes No

I hereby authorize notification of this transfer of 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 transferred to a third party without my consent.

Guardian Signature _____ Date _____

New Address _____

City _____ State _____ Zip _____

Please email (or fax) transcript & vaccinations right away. **Please mail complete copy of the cumulative folder to:**

<input type="checkbox"/> Manson Elementary Schools Attn: Maria Zaragosa PO Box A Manson, WA 98831 Phone:(509) 687-9502 Ext 200 Fax:(509) 687-9537 mzaragosa@manson.org	<input type="checkbox"/> Manson Secondary Schools Attn: Trista Walters PO Box A Manson, WA 98831 Phone:(509) 687-9585 Ext 539 Fax:(509) 687-6109 twalters@manson.org
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