



COUPEVILLE MIDDLE AND HIGH SCHOOL

High levels of learning for all students

501 South Main Street, Coupeville, WA 98239 coupevillewolves.org

(360) 678-2410 (360) 675-0540 Fax



Request for Release of Student Educational Records

The Family Educational Rights and Privacy Act (34 CFR Part 99) allows schools to disclose student records, without consent, to other schools to which a student is transferring.

Requesting records for (student): _____ DOB: _____ Grade _____

Previous School / District: _____

Address: _____ Phone/Fax: _____

School Contact: _____ Email: _____

AUTHORIZATION FOR THE RELEASE OF STUDENT RECORDS

In accordance with the provisions of the Family Education Rights and Privacy Act (37 CFR Part 99), I do hereby give consent to the above school indicated above (previous school) to release the above indicated records of this student to Coupeville Middle & High School. All my student's fees have been paid in full.

Print Name of Parent/ Guardian

Signature of Parent/ Guardian

Date

Please email this request form along with the following records listed below promptly to estone@coupeville.k12.wa.us or fax 360.678.0540. Then mail come file to CMS/CHS Attention: Registrar Eileen Stone, 501 S. Main Street, Coupeville, Washington 98239.

- Student Official Transcript (and withdrawal grades, if applicable)
- Immunizations/Health Records
- Copy of Birth Certificate
- Report Cards/Assessments /State Test Scores/Test Scores
- Attendance History/Records
- Discipline Records
- Guardianship Documentation
- Special Program Placement Data (SPED Records-IEP, SpEd, 504 Plan, ELL records)
- Other _____
- Proof of resident State History Class * *Previous school, please check one in the box below*

*Proof of Resident State History Class - School Official please check one below:

_____ Requirement Met Washington State History Requirement If this student is transferring from a WA State School and has satisfied the WA State History Graduation requirement

_____ Requirement Met State History Requirement (Out of State) If this student is transferring from out of State, and has taken their current State History class and passed (including MS grade level)

Staff Name _____ Staff Signature: _____ Title _____ Date _____

Sent/Faxed on: _____