**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 cume file to CMHS 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**

**Please contact Sherry Bonacci, SPED Secretary for IEP Records sbonacci@coupeville.k12.wa.us (360)678.2420  fax (360)678.4834 Special Program Placement Data (SPED Records-IEP, SpEd, 504 Plan, ELL records) •**

**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 on:_____