



## REQUEST FOR SENDING PERSONALLY IDENTIFIABLE RECORDS

Student Name \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex:  M  F

The abovementioned student has enrolled in:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Helen Baller Elementary<br>1954 NE Garfield St<br>Camas, WA 98607<br>Ph 360-833-5720<br>Fax 360-833-5721    | <input type="checkbox"/> Dorothy Fox Elementary<br>2623 NW Sierra St<br>Camas, WA 98607<br>Ph 360-833-5700<br>Fax 360-833-5701   | <input type="checkbox"/> JD Zellerbach Elementary<br>841 NE 22 <sup>nd</sup> Ave<br>Camas, WA 98607<br>Ph 360-833-5710<br>Fax 360-833-5711 |
| <input type="checkbox"/> Lacamas Heights Elementary<br>4600 NE Garfield St<br>Camas, WA 98607<br>Ph 360-833-5740<br>Fax 360-833-5741 | <input type="checkbox"/> Prune Hill Elementary<br>1601 NW Tidland St<br>Camas, WA 98607<br>Ph 360-833-5730<br>Fax 360-833-5731   | <input type="checkbox"/> Liberty Middle School<br>1612 NE Garfield St<br>Camas, WA 98607<br>Ph 360-833-5850<br>Fax 360-833-5851            |
| <input type="checkbox"/> Skyridge Middle School<br>5220 NW Parker St<br>Camas, WA 98607<br>Ph 360-833-5800<br>Fax 360-833-5801       | <input type="checkbox"/> Camas High School<br>26900 SE 15 <sup>th</sup> St<br>Camas, WA 98607<br><input type="checkbox"/> Attn: 9/10 Registrar<br>Ph 360-833-5764<br>Fax 360-833-5753<br><input type="checkbox"/> Attn: 11/12 Registrar<br>Ph 360-833-5765<br>Fax 360-833-5754 | <input type="checkbox"/> Special Services Dept<br>1919 NE Ione St<br>Camas, WA 98607<br>Ph 360-833-5570<br>Fax 360-833-5571                |
| <input type="checkbox"/> Hayes Freedom High School<br>1919 NE Ione St<br>Camas, WA 98607<br>Ph 360-833-5602<br>Fax 360-833-5601      |  |  |

Please forward the following records:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Permanent Records<br><input type="checkbox"/> Attendance<br><input type="checkbox"/> 504 Plan | <input type="checkbox"/> Health Records<br><input type="checkbox"/> Discipline<br><input type="checkbox"/> Official Transcript | <input type="checkbox"/> Special Education/ESL/ELL<br><input type="checkbox"/> Legal Docs (court orders)<br><input type="checkbox"/> Other _____ |
|--|--|--|

### Previous School Attended

\_\_\_\_\_  
*Name of School*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Address*

Date Records Requested: \_\_\_\_\_

\_\_\_\_\_  
*City/State/ZIP Code*

Second Request Mailed: \_\_\_\_\_

\_\_\_\_\_  
*Telephone #*

Date Records Received: \_\_\_\_\_

\_\_\_\_\_  
*Fax #*

As provided under the Family and Privacy Act of 1974, I understand that I may obtain a copy of my child's personally identifiable records. I am aware that I may challenge the content of these records. I also understand that the school will treat these records confidentially. Finally, no one will send these records to a non-public school agency without my written consent.