



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
1954 NE Garfield St
Camas, WA 98607
Ph 360-833-5720
Fax 360-833-5721 | <input type="checkbox"/> Dorothy Fox Elementary
2623 NW Sierra St
Camas, WA 98607
Ph 360-833-5700
Fax 360-833-5701 | <input type="checkbox"/> Grass Valley Elementary
3000 NW Grass Valley Dr.
Camas, WA 98607
Ph 360-833-5710
Fax 360-833-5711 |
| <input type="checkbox"/> Lacamas Heights Elementary
4600 NE Garfield St
Camas, WA 98607
Ph 360-833-5740
Fax 360-833-5741 | <input type="checkbox"/> Prune Hill Elementary
1601 NW Tidland St
Camas, WA 98607
Ph 360-833-5730
Fax 360-833-5731 | <input type="checkbox"/> Liberty Middle School
1612 NE Garfield St
Camas, WA 98607
Ph 360-833-5850
Fax 360-833-5851 |
| <input type="checkbox"/> Skyridge Middle School
5220 NW Parker St
Camas, WA 98607
Ph 360-833-5800
Fax 360-833-5801 | <input type="checkbox"/> Camas High School
26900 SE 15 th St
Camas, WA 98607
<input type="checkbox"/> Attn: 9/10 Registrar
Ph 360-833-5764
Fax 360-833-5753
<input type="checkbox"/> Attn: 11/12 Registrar
Ph 360-833-5765
Fax 360-833-5754 | <input type="checkbox"/> Special Services Dept
841 NE 22 nd Ave
Camas, WA 98607
Ph 360-833-5570
Fax 360-833-5571 |
| <input type="checkbox"/> Hayes Freedom High School
1919 NE Ione St
Camas, WA 98607
Ph 360-833-5602
Fax 360-833-5601 | | |

Please forward the following records:

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

Previous School Attended

Name of School

Address

City/State/ZIP Code

Telephone #

Fax #

Parent Signature

Date Records Requested: _____

Second Request Mailed: _____

Date Records Received: _____

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.