

REQUEST FOR STUDENT RECORDS



Date: _____

Dear Records Custodian:

Please forward the cumulative records, health records, psychological records, and Special Education or Developmental records of the student(s) listed below to the records custodian of:

Lintott Elementary School

1220 Bishop Rd.

Chehalis, WA 98532

360-807-7215

Scan and email to: msanchez@chehalisschools.org

The Federal Family Education Rights and Privacy Act (FERPA) allows schools to disclose student educational records to other schools to which a student is transferring without consent from the student's parents/legal guardian. However, parent/guardian's signature below shows his/her consent.

State SSID# (office use only)

Records Custodian (office use only)

Student:

Grade:

Birthdate:

Parent/Guardian Signature

Send this request to : (student's former school)

Phone: _____

Fax: _____

Records Custodian: If box is checked, please email records as soon as possible.

☐ Immunization Records

☐ Birth Certificate

Start Date