



REQUEST FOR STUDENT RECORDS

Date: _____

School Year: _____

Please forward the cumulative records & health records of the student(s) listed below to the records custodian of:

Orin C. Smith Elementary School
Grades 3, 4, & 5
1240 Bishop Road
Chehalis, WA 98532
(360) 807-7225

Please mail to the address above or
scan and email to:
kking@chehalisschools.org

The Federal Family Educational 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.

Registrar

Student's Name:

Grade Registering:

Birthdate:

* _____
Parent/Guardian Signature

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

Phone: _____

Fax: _____

Please email the student's immunization record as soon as possible. Thank you!