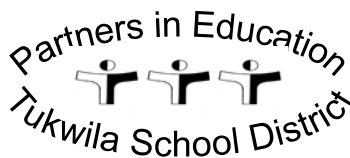


# Tukwila School District No. 406

**Thorndyke Elementary School**  
 4415 South 150<sup>th</sup> Street  
 Tukwila, WA 98188  
 Phone: 206-901-7600  
 Fax: 206-901-7607

**Showalter Middle School**  
 4628 South 144<sup>th</sup> Street  
 Tukwila, WA 98168  
 Phone: 206-901-7800  
**Registrar Phone: 206-901-7803**  
 Fax: 206-901-7807  
**Registrar Fax: 206-901-7897**



**Tukwila Elementary School**  
 5939 S. 149<sup>th</sup> Street  
 Tukwila, WA 98168  
 Phone: 206-901-7500  
 Fax: 206-901-7507

**Cascade View Elementary School**  
 13601 32<sup>nd</sup> Avenue South  
 Tukwila, WA 98168  
 Phone: 206-901-7700  
 Fax: 206-901-7707

**Foster High School**  
 4242 South 144<sup>th</sup> Street  
 Tukwila, WA 98168  
 Phone: 206-901-7900  
**Registrar Phone: 206-901-7916**  
 Fax: 206-901-7907  
**Registrar Fax: 206-901-7918**

## REQUEST FOR TRANSFER OF STUDENT RECORDS

Previous school name: \_\_\_\_\_

School phone number:(\_\_\_\_\_)\_\_\_\_\_ School fax number:(\_\_\_\_\_)\_\_\_\_\_

School address: \_\_\_\_\_

ATTN: Registrar/Counselor: \_\_\_\_\_

Student Name	Birth date	Grade
	(Month / Day / Year)	
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

Please fax all educational records listed below. If the student is in Special Education, please forward psychological testing results, IEP, and/or any other reports. If the student is in an English Language Learner/English as a Second Language class, please forward those records (WLPT scores, dates of entry, etc.)

- Report Cards     
  Transcript(s)     
  Immunization Records  
 Withdraw Grades     
  Attendance     
  Medical Records  
 ELL/ESL Records     
  IEP/SpEd     
  Discipline Infractions  
 Testing Results (WASL, WLPT, COGAT, etc.)

According to the final regulations, Family Education Rights and Privacy Act (Buckley Amendment), dated June 17, 1976, it is no longer necessary to obtain written consent to release records. It states that school officials, including teachers within the educational institution in which the student may intend to enroll, may receive a student's record without a written consent for such release.

\_\_\_\_\_  
 School Representative Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date