

Tukwila School District No. 406

Showalter Middle School
 4628 South 144th Street
 Tukwila, WA 98168
 Registrar Phone: 206-901-7803
 Registrar Fax: 206-901-7897



Foster High School
 4242 South 144th Street
 Tukwila, WA 98168
 Registrar Phone: 206-901-7916
 Registrar Fax: 206-901-7918

Cascade View Elementary
 13601 32nd Avenue South
 Tukwila, WA 98168
 Phone: 206-901-7700
 Fax: 206-901-7707

Thorndyke Elementary
 4415 South 150th Street
 Tukwila, WA 98188
 Phone: 206-901-7600
 Fax: 206-901-7607

Tukwila Elementary
 5939 South 149th Street
 Tukwila, WA 98168
 Phone: 206-901-7500
 Fax: 206-901-7507

REQUEST FOR TRANSFER OF STUDENT RECORDS/INFORMATION

Previous school name: _____

School phone number: (_____) _____ School fax number: (_____) _____

School address: _____

ATTN: Registrar/Counselor: _____ Request by: _____

Student(s) Name	Birthdate (Month / Day / Year)	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please fax over all educational records listed below.

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Report Cards | <input checked="" type="checkbox"/> Official Transcript(s) | <input checked="" type="checkbox"/> Immunization Records |
| <input checked="" type="checkbox"/> Withdrawal Grades | <input checked="" type="checkbox"/> Attendance | <input checked="" type="checkbox"/> Medical Records |
| <input checked="" type="checkbox"/> ELL/ESL Records | <input checked="" type="checkbox"/> Discipline/Infractions | <input checked="" type="checkbox"/> SpEd (Current Eval/IIEP) |
| <input checked="" type="checkbox"/> 504 | <input checked="" type="checkbox"/> Testing Results (MSP, WELPA, SBAC, COGAT, etc.) | |
| <input type="checkbox"/> Other (Specify) _____ | | |

I understand that this information obtained will be treated in a confidential manner by the school district under the provisions of the Family Education Rights and Privacy Act (FERPA). FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances. Please note that if the request is for health or medical information, the medical information received by the district is protected under FERPA privacy standard by a school district and not the Health Insurance Portability and Accountability Act (HIPAA).

This authorization is valid from ____/____/____ to ____/____/____. NOTE for release of medical records, the authorization can be no longer than 90 days after this authorization is signed.

I understand that my consent for the release is voluntary and I can withdraw my consent at anytime in writing. Should I withdraw my consent, it does not apply to information that has already been provided under the prior consent for release.

 School Representative Signature

 Date

 Parent/Guardian Signature (If student is under 13 years of age)

 Date