

Centralia School District #401
Request for Transfer of Educational Records

In compliance with the Family Education Rights and Privacy Act of 1974, it is mandatory that written consent form the student's parents, or the adult student, be obtained in order to release school records.

To: School _____

Address _____

City _____ **State** _____ **Zip** _____

Fax Number _____

This is to certify that I have given permission to release the records of:

Name of Student _____

Birthdate _____ **Grade** _____

Choose a building to send records to:

Edison Ele. School
607 H Street
Centralia, WA 98531
Phone: (360) 330-7631
Fax: (360) 807-6223

Fords Prairie Ele.
1620 Harrison Ave.
Centralia, WA 98531
Phone: (360) 330-7633
Fax: (360) 330-7698

Jefferson-Lincoln Ele
400 West Summa
Centralia, WA 98531
Phone: (360) 330-7636
Fax: (360) 330-7803

Please include the dates of entrance and withdrawal, credits earned and/or grades earned, and any other pertinent information, such as state standardized test scores, special education records, etc. which will aid in evaluating the student's progress.

Parent or Adult Student Signature _____

Date _____

Please fax a copy of birth certificate and immunization records immediately. You may mail any remaining records. Thank you!