



07. Student Records Request

1919 SW 25th Avenue • Battle Ground, WA 98604
360/687-8382 • Fax 360/687-8799

Previous School _____

Address _____

Phone () _____ Fax () _____

Student's Name _____ Birthday _____ Grades Attended _____

Student's Name _____ Birthday _____ Grades Attended _____

Student's Name _____ Birthday _____ Grades Attended _____

For Office Use Only

Parental permission is no longer required when records are requested by authorized school personnel (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 14673). Therefore, please furnish us with the following information in order to provide the proper placement of this student.

- All subjects and grades for the current year plus withdrawal grades. Final grades for previous school years, along with an explanation of your grading system.
- Standardized test records and scores.
- Immunization and health records.
- Psychological/physiological reports.
- Discipline record.
- Any other information pertinent to understanding the student's individual needs.

Thank you for your cooperation.

FFCS Signature

Title

Date