

**TOUTLE LAKE SCHOOL DISTRICT**  
5050 Spirit Lake Highway  
Toutle, WA 98649

**REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS BETWEEN SCHOOLS**

Student Name \_\_\_\_\_

Gender \_\_\_\_M \_\_\_\_F

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_

**The above-mentioned student has enrolled in:**

Toutle Lake Elementary  
5050 Spirit Lake Highway  
Toutle, WA 98649  
Phone (360) 274-6142 Ext. 2000  
Fax (360) 274-7608  
ATTEN: MELANIE HALL

Toutle Lake Jr/Sr High School  
5050 Spirit Lake Highway  
Toutle, WA 98649  
Phone (360) 274-6132 Ext. 5000  
Fax (360) 274-7615  
ATTEN: JUDY FRANSEN

**Please forward the following records:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Permanent Records            | <input type="checkbox"/> WASL/HSPE/MSP Results | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> Official Transcripts         | <input type="checkbox"/> PSAT & SAT Test       | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Grades To Date of Withdrawal | <input type="checkbox"/> Standardized Test     | <input type="checkbox"/> Health Records     |
| <input type="checkbox"/> Special Education Records    | <input type="checkbox"/> 504 Plans             | <input type="checkbox"/> Birth Certificate  |

This request complies with the 1974 Family Education Rights and Privacy Act. Federal Law (99.31) No parent signature is required for educational records sent to another educational agency.

**Previous School Attended**

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone # (Including Area Code)

\_\_\_\_\_  
Fax #

Date Records Requested: \_\_\_\_\_

Date of Second Request: \_\_\_\_\_

Date Records Received: \_\_\_\_\_

\_\_\_\_\_  
Signature of School Official