



## **Request for Transfer of Student Educational and Health Records**

Date: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Records Department:

We have an application for enrollment of the following student(s) at Olympia Community School.

Name

Grade

Birth Date

---

---

Please forward complete cumulative student record information, health records, along with complete transcript of all work completed at your school. Please include special education/psychological files if applicable to:

Olympia Community School  
P.O. Box 12436  
Olympia, WA 98508-2436

In compliance with the Family Education Rights and Privacy Act of 1974, the parent or guardian of the above-named student(s) has been advised of this request for transfer of records.

I authorize the above-named school to release all information and records on my student(s) to Olympia Community School.

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

Printed Name of Parent/Guardian \_\_\_\_\_