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Wahkiakum High School

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Wahkiakum School District 200

500 S. 3rd B398
Cathlamet, WA 98612

Wahkiakum School District

Request for Transfer of Student's Educational Records

Date: _____

To: _____

Please send the educational records of _____
(Student's legal name)

(Any other name used _____)

Grade _____

Birth Date _____

Parent Signature _____

- Transcript of grades and credits
- Withdrawal grades (when applicable)
- Immunization/Health records
- Special education records
- Behavioral record
- Test scores
- All of the above listed items

Under Public Law 93.34, PL93.568, no parent signature is required for educational records sent to another educational agency.

We would appreciate receiving these records as soon as possible at the address below. Thank you.

Signature of requesting agency's representative position

Wahkiakum School District
500 S. 3rd B398
Cathlamet, WA 98612