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# Wahkiakum School District 200

500 S. 3rd B398  
Cathlamet, WA 98612

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## 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

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