

WILSON CREEK SCHOOL DISTRICT

PO BOX 46
WILSON CREEK, WA 98860

TELEPHONE (509) 345-2541
FAX: (509) 345-2288

REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

School Name _____

Address _____

City

State

Zip

Phone Number _____ Fax Number _____

Student(s) Name _____ **Birth Date** _____ **Current Grade** _____

Administration use only:

Please scan or fax the following information **immediately**.

Grades/Transcripts

Discipline

Attendance

Special Services, IEP/504

General Health Information

Assessments

The following student(s) have **enrolled** in our district. Please send **COMPLETE SCHOOL RECORDS** (cumulative file), including transcript showing marks, credits earned, Special Services and IEP/504 plans, and an interpretation of your grading system.

The following student(s) are **attempting** to enroll in our district but have not yet been accepted. In order to render a decision, we are requesting the following documents be emailed or faxed to our district.

Attendance

Assessments

Grades/Transcripts

Immunization

Special Services, IEP/504

Permanent & Confidential Reports

General Health Information

Progress Reports

Discipline

**As soon as our administration has rendered a decision notification will be sent to your district for the entire student(s) cumulative file.

Wilson Creek School District
PO Box 46
Wilson Creek, WA 98860-0046
ATTN: Student Records (Stacy Sims)

Email: ssims@wilsoncreek.org
Fax: 509-345-2288 Attn: Records

This transfer is provided for in the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended June 17, 1976. The new regulations no longer require an acknowledgement from the parent or eligible student that he or she has received notification before records may be released to other educational institutions. (99.34) Information sent by the Wilson Creek School District may not be shared by any other party without the written consent of the parents or the student if the student is 18 years old or older. Please note that if the request is for health of medical information, the medical information received by the district is protected under FERPA privacy standards and not the Health Insurance Portability and Accountability Act (HIPAA).

Administration Signature _____

Date _____

The Wilson Creek School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The Civil Rights Compliance Coordinator is available to handle questions and complaints of alleged discrimination. If you have questions and/or concerns please call Sally Nelson (Civil Rights Compliance Coordinator) snelson@wilsoncreek.org or Laura Christian (504/ADA Coordinator) lchristian@wilsoncreek.org or Kirk Freeman (Title IX) kfreeman@wilsoncreek.org at Wilson Creek School District PO Box 46, Wilson Creek, WA 98860, phone 509-345-2541.

El Distrito Escolar de Wilson Creek no discrimina en sus programas o actividades por motivos de sexo, raza, credo, religión, color, origen nacional, edad, condición de veterano de guerra o grado militar, orientación sexual, expresión de género o identidad, discapacidad o uso de perro guía entrenado o animal de servicio, y ofrece igualdad de acceso a los Boy Scouts y a otros grupos de jóvenes especificados. El empleado mencionado a continuación ha sido designado para atender consultas y quejas de supuesta discriminación: Sally Nelson, La directora, snelson@wilsoncreek.org o Laura Christian lchristian@wilsoncreek.org o Kirk Freeman kfreeman@wilsoncreek.org Wilson Creek School District PO Box 46, Wilson Creek, WA 98860, telephone 509-345-2541.