**YOUR SCHOOL’S LOGO HERE**

**Official Request for Student Records**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: LAST,FIRST |  | Grade: |  |
| SSID: (get from CEDARS/ SRX) |  | School Name: (get from CEDARS/SRX) |  |
| ReceiveiDistrict Student ID: (get from CEDARS/SRX) |  | School Code: (get from CEDARS/SRX) |  |
| District Name: (get from CEDARS/SRX) |  | Gender: |  |
| District Code: (get from CEDARS/SRX) |  | DOB: |  |

**Please mail the official records including the following if applicable:**

* Assessment scores
* Attendance record
* High School and Beyond Plan
* Discipline records
* Immunization/screening records
* Special program placement information
* Special Education records
* 504 Plan
* Student Learning Plan/ Accelerated Learning Plan
* Washington State Transcript\*
* Withdrawal form and current grades

\*Please let the requestor know if you are unable to forward the official transcript due to unpaid fines/fees.

Please send records to:

ADDRESSX