



CRESCENT SCHOOL DISTRICT

50350 Highway 112 in Joyce, Washington
PO Box 20, Joyce, WA 98343
Ph: (360) 928-3311 ♦ F: (360) 928-3066
www.crescentschooldistrict.org

David Bingham, Superintendent/Principal
Michael Church, Associate Principal
Nora Williams, Business Manager
Randy Rooney, Transportation & Facilities Dir
Kathy Silva, Administrative Assistant

Board Members: Trisha Haggerty (Chair) ♦ Susan Hopper (Vice Chair) ♦ Ann Chang ♦ Lee Evinger ♦ Dara Peppard

REQUEST FOR TRANSFER OF PERMANENT EDUCATIONAL RECORDS

To: School Last Attended _____

City, State, Zip Code _____

phone _____ fax _____

Student's Full Legal Name, PLEASE PRINT (First Middle Last) _____ (any other name(s) used)

Grade _____

Date of Birth _____

INFORMATION TO BE RELEASED:

- Academic
- Attendance
- Behavior/Discipline
- District Testing
- Grades to Date of Withdrawal
- Special Services Assessment - including psychological, speech, language, hearing, physical therapy, occupational therapy, audiology, casework, medical, vocational, etc.
- Transcript - **PLEASE FAX TO 360-928-3066**
- Immunization record
- Other

PLEASE MAIL RECORDS INCLUDING HEALTH, ATTENDANCE, GRADES TO DATE OF WITHDRAWAL, DISCIPLINARY ACTION, VIOLENT BEHAVIOR, UNPAID FINES OR FEES.

PARENTS: I acknowledge notification of this transfer of academic records and understand I have a right to receive a copy at my own expense, if requested, and have a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent, as required by the Family Educational Rights and Privacy Act of 1974. Under Public Law 93-380, no parent signature is required for educational records sent to another educational agency.

Parent/Guardian Signature: _____ Date: _____

Please send records to: _____
Signature Position

CRESCENT SCHOOL DISTRICT
P. O. BOX 20
JOYCE, WA 98343

Mailed / Faxed on: _____