



360 804-2500

Date Rec'd \_\_\_\_\_

### Request for Student Records (For release to parent/guardian or adult student)

Today's Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
(Last Name) (First Name) (Middle initial)

Date of birth: \_\_\_\_\_ School(s) attended: \_\_\_\_\_

Current Student **or** Dates of Attendance: \_\_\_\_\_ Graduated?  Yes  No

I am requesting the following records for the above student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional information or data you may wish to provide to ensure the records provided meet your needs (optional) \_\_\_\_\_

Records to be:  Reviewed on site \* (set up appointment with location staff)

Picked up by: \_\_\_\_\_

Mailed to: Attention (Name): \_\_\_\_\_

Company/School \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

\_\_\_\_\_  
*Signature* of person requesting Information

\_\_\_\_\_  
(Printed) Name of person requesting information

Relationship to student (check one):  Self  Parent/Guardian (if student is under 18)

Contact Phone Number \_\_\_\_\_

*Cost: Although records must remain within district control, they may be copied or reproduced for the parent or eligible student. One copy of each record will be provided at no cost. Additional copies shall be at the established per page rate.*

Mail or fax completed request: Attn: Records Management  
Mail: Monroe Public Schools Fax: 360 804-2529  
14692 179<sup>th</sup> Ave Se Email: thompson@monroe.wednet.edu  
Monroe, WA 98272

\* Review shall occur within 5 school business days after a request is received unless a written explanation for the failure to do so is supplied by custodian of records. In no case shall the review occur later than 45 school business days from receipt of request.