



**MONROE
CHRISTIAN SCHOOL**
est. 1956
ENGAGE · EQUIP · EMPOWER

**1009 W. Main St.
Monroe, WA 98272
360-794-8200
Fax: 360-863-9270**

**REQUEST FOR TRANSFER OF
EDUCATIONAL / PSYCHOLOGICAL RECORDS
BETWEEN SCHOOL DISTRICTS**

(To be completed by parent and submitted to Monroe Christian School.)

Releasing School: _____

Street: _____

City: _____ State: _____ Zip: _____

Student: _____ Date of Birth: ___/___/___ Grade: _____

Student: _____ Date of Birth: ___/___/___ Grade: _____

Student: _____ Date of Birth: ___/___/___ Grade: _____

Student: _____ Date of Birth: ___/___/___ Grade: _____

PLEASE TRANSMIT EDUCATIONAL/PSYCHOLOGICAL RECORDS OF THE ABOVE STUDENT(S) TO:

Monroe Christian School
1009 W. Main St.
Monroe, WA 98272

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and understand that I have the right to receive a copy at my own expense, if requested, and have an opportunity for 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.

Parent Signature: _____

Parent Printed Name: _____

Current Address: _____

_____ Date: ___/___/___