



**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: \_\_\_\_\_

Expected Start Date at MCS: \_\_\_\_\_

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: \_\_\_/\_\_\_/\_\_\_