

FERNDALE SCHOOL DISTRICT No. 502
CONFIDENTIAL INFORMATION EXCHANGE
SCHOOL/ACADEMIC RECORDS

FERNDALE SCHOOL DISTRICT
ATTN: PATTY BEAULAUER
P.O. Box 698
FERNDALE, WA 98248
FAX: (360) 383-9201

CONSENT FOR EXCHANGE OF INFORMATION RE:

Name _____

Name used in school _____

Birth date _____ Grade/Graduation date _____

Contact (phone/e-mail) _____

I authorize _____ School to **release** the information checked below to:

Name _____

Address or Fax number _____

I understand that electronic transfer of confidential information cannot be guaranteed as a secure transfer. Electronic transcripts are unofficial. I choose to authorize an **electronic transfer** or **email attachment** of the information below to:

Name _____

To this specific site or email address _____

- | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Transcript/Grade Report | <input type="checkbox"/> Family background data |
| <input type="checkbox"/> Transcript w/SAT/ACT if available | <input type="checkbox"/> Other Information-be specific |
| <input type="checkbox"/> WASL/HSPE/EOC test scores | _____ |
| <input type="checkbox"/> Current Schedule | _____ |
| <input type="checkbox"/> Administrative records of
a disciplinary nature | _____ |

It is understood that I have access to this information. It is also understood that this information will be kept entirely confidential and only released as specified above as a one time event. Further information requests must have another signed release form.

Parent signature (if student is under 18)

Student signature

Date