

Nespelem School District
P.O Box 291
Nespelem WA, 99155



To: Former School Name: _____
Phone #: _____

I authorize the release of the Academic records indicated below for:
Student Birth Date Grade

Cumulative Folder Report:

1. Pupil Progress Report
2. Standardized Achievement & Aptitude Tests
3. Health & Immunization Records
4. Athletic Physical Forms
5. Insurance Information
6. Permanent Record Card Information
7. Discipline File
8. Attendance Information
9. Certificate of Indian Blood/Tribal I.D.
10. Birth Certificate

Special Service Reports:

1. Special Instruction Reports
2. Psychological Reports
3. Medical Records
4. Vision Reports
5. Hearing Reports
6. Section 504 Plans
7. Special Ed IEP
8. Summary Assessment

I acknowledge notification of this transfer of record as required by the Family Education Rights and Privacy Act of 1974 and Understand that I have an opportunity for a hearing to challenge the contents 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.

This information indicated above should be sent directly to the district address.

PARENT SIGNATURE

SCHOOL OFFICIAL

CURRENT ADDRESS

DATE

CITY STATE ZIP

Nespelem School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) are designated to handle questions and complaints of alleged discrimination: Civil Rights and Title IX Coordinator: Business Manager, 509-634-4541 and 504 Coordinator: Superintendent/Principal, Mrs. Dean, 509-634-4541 ext 155, edean@nsdeagles.org. Address: PO Box 291, 229 School House Loop Rd Nespelem, WA 99155