



Beacon Elementary School
1717 Beacon Avenue East, Montesano, WA 98563
Phone 360.249.4528 • Fax 360.249.3884

REQUEST FOR TRANSFER OF RECORDS

To:

Releasing School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Re:

Student Name: _____ DOB: _____ Current Grade: _____

Student Name: _____ DOB: _____ Current Grade: _____

Student Name: _____ DOB: _____ Current Grade: _____

Records Requested:

- Permanent Records
- Health Records (*Please fax immunization status ASAP to (360) 249-3884.*)
- Title I Reading
- Title I Math
- Special Education Records
- Psychological Records
- Current I. E. P.
- Other _____

Please send all records to:

BEACON ELEMENTARY
1717 BEACON AVENUE EAST
MONTESANO, WA 98563

I authorize the release of records indicated above to Beacon Elementary School.

Parent/Guardian Signature

Date