



REQUEST FOR STUDENT RECORDS

| REQUESTING FROM | | |
|---|--------|--|
| School Name: | | Email: |
| Street Address: | | |
| City: | State: | Zip: |
| PLEASE RELEASE RECORDS FOR | | |
| Last: | First: | Middle: |
| Date of Birth: | | Grades Attended: |
| PLEASE RELEASE ALL AVAILABLE CUMULATIVE RECORDS INCLUDING: | | |
| <ul style="list-style-type: none"> • Permanent Records • Immunization/Health Records • Psychological • Behavioral Records | | |
| PLEASE FORWARD ALL RECORDS TO: | | |
| Riverside Christian School PO Box 367 Washougal, WA 98671 | | Phone: 360.835.5600 Email: admin@riversidesch.com |

I hereby request and permit the release and forwarding of the above student's records.

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| Signature of Parent/Guardian: | Print Name: | Date: |
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