

## Paideia High School-

## NOTIFICATION OF RELEASE / EXCHANGE OF STUDENT INFORMATION

Student records and information will be requested from the school/district previously attended. Please provide the following information and return this form to the school office:

Student Name		Birthdate	Grade	
Student Name		Birthdate	Grade	
Student Name		Birthdate	Grade	
Parent/Guardian Naı	me			
State/Zip	Phone(s)			
RECORDS REQUEST	SHOULD BE SENT TO (Last Schoo	ol/District Attended):		
School		District		
Address		Phone		
City	State/Zip	Fax		
	FOR SCHOOL U	JSE ONLY		
Please send the following records directly to: Paideia High School Attn: Amy Roy, Secretary 3043 Huffman Road, Valley, WA 99181 Phone: (509) 937-2655; Fax: (509) 937-2656				
contents of his/her c	above are now enrolled at Paideia umulative file as soon as possible, copy of this form to our office on	Also, please fax a copy of	the following	
Immunization	/Health Record	Discipline Record		
Test Scores	Test Scores Transcript			
Attendance Re	ecord	Special Ed Records	-	
Does the stude	ent have an active IEP/504/Other?	YES NO		
Date Request Sent	B	y		