

SEAVIEW ACADEMY

905 West 9th Street, Port Angeles, Washington 98363
v 360-457-8575 www.portangelesschools.org

REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

REGARDING:

Student: _____ Birthdate: _____ Grade: _____

Parent/Guardian Name: _____ Phone Number: _____

PREVIOUS SCHOOL:

School: _____ District: _____ Address: _____
City: _____ State: _____ Phone: _____ Fax: _____

SEAVIEW - FULL TIME: _____ **PART TIME:** _____ **Shared School:** _____

PLEASE SEND THE FOLLOWING RECORDS:

☐ Cumulative _____ Comments: _____
☐ Health _____

- ☐ Special Services
- ☐ IEP
 - ☐ 504 Plan
 - ☐ Behavior
 - ☐ Speech

☐ Highly Capable/Gifted-Talented

Send Records To: Seaview Academy or Fax to 360-457-0795
ATTN: Student Records
905 W 9th St.
Port Angeles, WA 98363

Parent/Guardian Signature for Release of Records

Date

Under public Law 93-380, now amended in Section 99.32, PL 93-568, no parent signature is required for educational records sent to another agency. (May 1980).

Date Requested _____