

FERNDALE SCHOOL DISTRICT NO. 502
CONFIDENTIAL INFORMATION EXCHANGE
SCHOOL/ACADEMIC RECORDS

Ferndale School District
PO Box 698
Ferndale, WA 98248
Fax: (360) 383-9201

CONSENT FOR EXCHANGE OF INFORMATION RE:

Name _____

Name used in school _____

Birth date _____ Grade/Graduation date _____

Contact (phone/e-mail) _____

I authorize _____ School to **release** the information checked below to:

Name _____

Address or Fax number _____

I understand that electronic transfer of confidential information cannot be guaranteed as a secure transfer. Electronic transcripts are unofficial. I choose to authorize an **electronic transfer** or **email attachment** of the information below to:

Name _____

To this specific site or email address _____

Transcript/Grade Report

Transcript w/SAT/ACT if available

WASL/HSPE/EOC test scores

Current Schedule

Administrative records of
a disciplinary nature

Family background data

Other Information (be specific):

It is understood that I have access to this information. It is also understood that this information will be kept entirely confidential and only released as specified above as a one time event. Further information requests must have another signed release form.

Parent signature (if student is under 18)

Student signature

Date