



Wenatchee School District No. 246  
235 Sunset Avenue,  
Wenatchee, WA 98801  
509-663-8161/FAX: 509-663-3082

Date Sent / Ready for Pick Up: \_\_\_\_\_  
Date Faxed: \_\_\_\_\_  
Date Filed if Not Picked Up: \_\_\_\_\_  
Done By: \_\_\_\_\_  
School Year 23/24

## STUDENT RECORDS/TRANSCRIPT REQUEST

**\*\* Please Print Legibly or process could take longer \*\***

Student Name: \_\_\_\_\_ Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year Graduated or Last School Year  
Attended: \_\_\_\_\_

Present Address or School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_ Transcript or Cum file Sent To: \_\_\_\_\_  
\_\_\_\_ Copy of Immunization \_\_\_\_\_  
\_\_\_\_ Verification of Education \_\_\_\_\_  
\_\_\_\_ Verification of Graduation \_\_\_\_\_

Date of Request: \_\_\_\_\_ Verbal Request: \_\_\_\_\_ Phone Request: \_\_\_\_\_

Fax/Letter of Authorization Requested: Yes \_\_\_\_\_ No \_\_\_\_\_ Received \_\_\_\_\_

Will Pick Up (See Below): \_\_\_\_\_ Date Available for Pick Up: \_\_\_\_\_

If copies are to be picked up, please sign below and show your picture I.D.

*I acknowledge notification of this transfer of records as required by the Family Educational Rights of Privacy Act of 1974, as amended June 17, 1976. I understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.*

Parent or Adult Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Driver's License ID#: \_\_\_\_\_