

Bainbridge Island School District  
**REQUEST FOR TRANSFER OF RECORDS/  
 AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION**

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I hereby authorize the release and/or exchange of information regarding the above named student between:

School/ \_\_\_\_\_ Address/ \_\_\_\_\_

Agency/ \_\_\_\_\_

Individual \_\_\_\_\_

And:

Bainbridge High School 9330 NE High School Rd Bainbridge Island, WA 98110 (206)842-2634	Woodward Middle School 9125 Sportsman Club Rd Bainbridge Island, WA 98110 (206)842-4787	Sakai Intermediate School 9343 Sportsman Club Rd Bainbridge Island, WA 98110 (206)780-6500
Blakely Elementary School 4704 Blakely Ave Bainbridge Island, WA 98110 (206)842-4752	Ordway Elementary School 8555 Madison Ave NE Bainbridge Island, WA 98110 (206)842-7637	Wilkes Elementary School 12781 Madison Ave NE Bainbridge Island, WA 98110 (206)842-4411
Circle: Odyssey Eagle Harbor High Home School Support	Commodore Options 9530 NE High School Rd Bainbridge Island, WA 98110 (206)780-1646	

**I authorize the release/exchange of the following records:**

- |  |   |
|--|---|
| Transcripts of courses, grades, attendance     | Health records (immunizations, height/weight, vision/hearing, etc.)** |
| Administrative records (including discipline*) | Special education records   |
| Group standardized test results                | Psychological records   |
| Other (specify) _____                          | Reason: _____   |

\*The school enrolling the student shall request the school the student previously attended to send the student's permanent record including reports of disciplinary action. (RCW 28A.225.330)

\*\*Confidential medical information may be disclosed only upon receipt of an Authorization for Exchange of Confidential Medical Information Form identifying names and positions of persons to whom the information is to be disclosed and signed by parent/guardian/student (RCW 70.02.030)

In accordance with the requirements of the Family Education Rights and Privacy Act of 1974, information sent or received by the Bainbridge Island School District may not be shared with any other party without written consent of parents or guardian of a minor student or of the student if 18 years of age or older. Information received by the Bainbridge Island School District will be placed in the student's record and will be available for inspection and review by parents/guardian and/or students. <u>Exception:</u> School districts may transfer records to another school district to which the student is transferring, provided the parents/guardian are at least notified that the records transfer is taking place.	Signature of parent/guardian/or student
	Relationship to Student
	Address
	City <span style="float: right;">State      Zip</span>