

Archives Department PO Box 8, Silverdale, Washington 98383 Telephone: (360) 662-9270 Fax: (360) 662-9271

Request for Release of Student Records

Student Name While Attend	ing:		
Current Address:			
	Street Address		
	City	State	Zip Cod
Current Phone Number:			
Date of Birth:			
School Attended:			
Year Graduated/Withdrawn:			
Records to be Released:			
Purpose of Disclosure:			
Released to:	Name of Individual		
	Name of Institution		
	Street Address		
	City	State	Zip Code
Signature of Requestor:			
Relationship to Student:	-		
· Office Use Only:			
te Received:	Date Records Sent:	<i>By</i> :	