

**Kalama School District #402**  
Kalama Middle/High School

**AUTHORIZATION TO RELEASE RECORDS**

DATE: \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

Birthdate \_\_\_\_\_

**Release records from:**

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

Mailing Address \_\_\_\_\_  
Street/PO Box City State Zip Code

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

I authorize the Kalama School District to send for all pertinent information regarding my student.

\_\_\_\_\_  
Signature Relationship to student

Please send the following records:

- ❖ Academic Progress Records
- ❖ Official Transcript
- ❖ Special Education Records
- ❖ Medical/Immunization/Health Records
- ❖ Portfolio (Collection of Evidence)
- ❖ Behavioral Records
- ❖ Attendance Records
- ❖ Academic Testing
- ❖ Psychological test scores/reports
- ❖ Sport Physical
- ❖ Other \_\_\_\_\_

**send to:** **Kalama Middle/High School**  
**548 China Garden Road**  
**Kalama WA 98625**  
Phone: 360-673-5212  
Fax: 360-673-1280

1<sup>st</sup> request \_\_\_\_\_

2<sup>nd</sup> request \_\_\_\_\_