



AUTHORIZATION FOR RELEASE OF RECORDS
CASTLE ROCK ELEMENTARY SCHOOL
CASTLE ROCK, WA. 98611

Today's Date: _____

Please release to Castle Rock Elementary School all student records regarding the following Student(s),

Student Name _____ Grade _____ DOB: _____

Student Name _____ Grade _____ DOB: _____

Student Name _____ Grade _____ DOB: _____

This information is to be exchanged between:

And

Castle Rock Elementary
Atten: Liz Baker
700 Huntington Ave S.
Castle Rock, WA. 98611
Phone: 360-501-2910
Fax: 360-501-3121

Previous School/City/State

Please FAX ASAP the following information to (360)-501-3121:

_____ Immunization/Health Information

_____ Progress Reports

_____ Permanent Records

_____ Discipline Records