



Request of Exchange of Student Information

Student's Name: _____

New Home Address _____

Date of Birth _____ Last Grade attended: _____

Previous School Name: _____

Phone: _____ Fax: _____

Please send school records for the following student, who has recently enrolled in the Anacortes School District.

- Please Fax immunization to 360 293-1231 / Please mail immunization
• Birth Certificate
• Report Cards and/or Academic History
• Attendance
• Disciplinary Records (if there are any)
• Health Records
• Sports Physical (if there is one)

Other _____

The above student has enrolled at our school
Please send academic and health records to:

ANACORTES MIDDLE SCHOOL
ATTN: REGISTRAR
2202 M AVENUE
ANACORTES, WA 98221

Phone: 360 293-1230
Fax: 360 293-1231

Please fax or email special education records to:

Anacortes School District #103
Attn: Sue Matto
smatto@asd103.org

Phone: 360 293-1218
Fax: 360 293-1222

Requested by _____

Mary Kiser
Counselor
mkiser@asd103.org

Kathleen Root
Counselor
kroot@asd103.org

Melicent Kennedy
Registrar
mkennedy@asd103.org

Federal Law 99.31: "No parent signature is required for educational records sent to another educational agency."

