UCA ELEMENTARY SCHOOL
CONSENT FOR RELEASE OF STUDENT INFORMATION

_____
Previous School

_____
Previous School Street Address

_____
Previous School City State Zip

By my signature I hereby grant permission for the release of the cumulative folder and/or transcript of _____, whom I certify to be my child or legal ward. This student attended your school during the 20_____ school year and was in the _____ grade.

The records listed above are to be released to:

Upper Columbia Academy Elementary School
3025 E. Spangle-Waverly Rd.
Spangle, WA 99031
Phone: 509-245-3629
Fax: 509-245-3690

_____ _____
Date Signature of Parent or Guardian