

**CONFIDENTIAL INFORMATION EXCHANGE
SCHOOL/ACADEMIC RECORDS**

**Ferndale High School(Clearview Campus; Main Campus; Windward Campus)
Counseling Office
P.O. Box 428
Ferndale, WA 98248
Fax: (360) 383-9642**

CONSENT FOR EXCHANGE OF INFORMATION RE:

Name _____

Name used in high school _____

Birth date _____ Grad date _____

Contact (phone/e-mail) _____

_____ I authorize Ferndale High School to **release** the information checked below to:

Name _____

Address/Fax number _____

- | | |
|--|-------------------------------------|
| _____ Transcript | _____ Family background data |
| _____ Transcript w/SAT/ACT if available | _____ Other Information-be specific |
| _____ WASL | _____ |
| _____ Current Schedule | _____ |
| _____ Administrative records of
a disciplinary nature | _____ |

It is understood that I have access to this information. It is also understood that this information will be kept entirely confidential.

Parent signature (if student is under 18)

Student signature Date