

Records/Transcript Request

SALMON RIVER HIGH SCHOOL

(Salmon River JSD #243)

P.O. Box 872

Riggins, ID 83549

Phone: 208-630-6025

Fax: 208-630-6026

Principal: Kyle Ewing
Secretary: Sherri Cereghino

Counselor: Jeri Best

Date of: 1st Request _____ 2nd Request _____

To: _____

FAX: _____ Phone: _____

Salmon River High School requests the transfer of **all** school records of the following student(s).

Student Name: _____ DOB _____ Grade _____

Student Name: _____ DOB _____ Grade _____

Please be sure that records we are to receive in the cumulative file include the following:

- 1. Immunization records and a copy of birth certificate. (Please fax asap, then mail with cumulative file.)**
2. A complete and current transcript with grades computed on a semester (two quarter) system.
3. A withdrawal sheet showing grades at the time of transfer.
4. Special education records, if applicable.
5. The I.H.S.A.A. physical form, if the transferring student is an Idaho High School Student.

SIGNATURE OF HIGH SCHOOL OFFICIAL: _____

PARENT/GUARDIAN SIGNATURE: _____

Please Note****Send all confidential, psychological and special service records especially resource records and including all test records. Parent Waiver above.

**Federal register, June 1976, No longer requires parental signature.