



# WESTLAKE HIGH SCHOOL

## REQUEST FOR STUDENT RECORDS

Previous School Attended: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

This certifies that the student(s) named below have enrolled at Westlake High School. Please send the cumulative academic records through the date of withdrawal. Including:

- Official Signed Transcript
- Medical and Immunization Records
  - Standard Test Scores
- Withdrawal Date and Grades
- Special Education Records – IEP

**Please do NOT send entire student CUM folder**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

### Please fax or mail official transcripts to:

Westlake High School / Counseling Office  
Attn: Ximena Johnson, Registrar  
99 North 200 West  
Saratoga Springs, Utah 84045  
Fax: 801-768-1098  
Office: 801-610-8816  
xjohnson@alpinedistrict.org

Date 1<sup>st</sup> Request Sent: \_\_\_\_\_ Date 2<sup>nd</sup> Request Sent: \_\_\_\_\_ Date 3<sup>rd</sup> Request Sent: \_\_\_\_\_

Federal Law 99.31 – No parent signature required for educational records sent to another educational agency.