



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 1st Request Sent: _____ Date 2nd Request Sent: _____ Date 3rd Request Sent: _____

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

Gary Twitchell, Principal
Tammy Stuart, Assistant Principal Jen Bitton, Assistant Principal Jared Huff, Assistant Principal
Brandon Jackson, TAA Debbie Wilkins, TAA/PLC Chelsea Budge, TAA