
La Salle High School of Yakima



PRELIMINARY REQUEST FOR ACADEMIC RECORDS

PARENTS: PLEASE DELIVER THIS REQUEST TO THE APPROPRIATE OFFICIAL
(REGISTRAR OR SCHOOL SECRETARY) AT THE STUDENT'S CURRENT SCHOOL.

I hereby authorize

NAME OF SCHOOL IN WHICH STUDENT IS PRESENTLY ENROLLED

to release the following records and data for:

NAME OF STUDENT

DATE OF BIRTH

6th, 7th & 8th grade **OR** high school records, if applicable:

- transcripts
- standardized test scores (i.e., WASL, MSP, ITBS)
- attendance records
- discipline records

***SCHOOL OFFICIAL -**

*This request does not officially indicate that this student will be enrolled at La Salle High School. This is for a preliminary review of records.
Please do not remove this student's information from your system until you receive a request for the student's complete file.*

PLEASE SUBMIT RECORDS DIRECTLY TO: OFFICE OF ADMISSIONS
3000 Lightning Way
Union Gap, WA 98903
PHONE: (509) 225-2928
FAX: (509) 225-2994

Parent or Guardian Signature _____

Date _____