



**Cherry Valley Elementary**

Riverview School District  
26701 NE Cherry Valley Rd  
Duvall, Wa 98019  
(425)-844-4750

**REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS**

From School: \_\_\_\_\_

Street: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Please email the following records to the address below:**

\_\_\_\_\_ **State Student ID #**      \_\_\_\_\_ **Immunizations**  
\_\_\_\_\_ **Birth Certificate**      \_\_\_\_\_ **Withdrawal Date**

Please mail transcripts of grades, testing and health records with any other pertinent guidance information for the following student(s), to the address above.

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Date: \_\_\_\_\_

School Official \_\_\_\_\_

Katherine Hunt      [huntk@rsd407.org](mailto:huntk@rsd407.org)