

Down Winder Information
White Pine County School District
1135 Avenue C, Ely, NV 89301

Phone:(775) 289-4851 Fax:(775) 289-3999 E-mail:datarequest@wpcnvadmin.com

Date: _____

Contact Person: _____

Contact Mailing Address: _____

Contact Phone #: _____

Contact's Relation to Student on Record: _____

The **Student on Record** MUST sign this form authorizing the release of WPCSD records on file. Attach a copy of your identification. If the Student on Record is deceased, a copy of the Death Certificate (does not need to be certified) must be provided.

Student on Record:

Full Name: _____

Additional Name (AKA): _____

Birth date: _____

Parent's Names: _____

Sibling Names & DOB (if applicable): _____

School Attended: _____

Years Attended: _____

Any other pertinent information: _____

Signature of Student on Record: _____

or

Copy of Death Certificate attached _____

Signature of individual requesting records other than student