



HAGENS BERMAN

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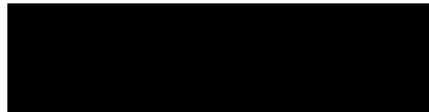
March 22, 2021

Via Email (publicrecords@sno.wednet.edu)

Snohomish School District
1601 Avenue D
Snohomish, WA 98290-1799

ATTN: Release of Information/Education Records

Re: Our Client/Your Student:
DOB:



Dear ROI:

Enclosed please find an executed General Authorization signed by our client [REDACTED] and your completed request form.

We would appreciate receiving from you a complete copy of all educational records of [REDACTED], specifically including the cumulative file, special education file, and any other records kept, including but not limited to any files relating to behavioral concerns, disciplinary action, complaints, and/or investigations from Snohomish High School and Centennial Middle School.

Please do not hesitate to contact me if you need additional information or clarification.

Very truly yours,

HAGENS BERMAN SOBOL SHAPIRO LLP

/s/ Sharon D. Johnson

Sharon D. Johnson

SDJ: sj



**SNOHOMISH
SCHOOL
DISTRICT**

1601 Avenue D, Snohomish, WA 98290-1799
360-563-7300 Fax 360-563-7279

Date received by Superintendent's Office _____

REQUEST FOR DOCUMENTS

The Snohomish School District supports the concept of public disclosure to the extent requested documents exist, are available and the document disclosure does not violate individual privacy. Upon written request submitted to the Superintendent's Office, documents will be provided, or a statement will be issued explaining why we are unable to provide the information. The fee for copying is \$.15 per page. For electronic copies the fees are 10 cents per page scanned, 5 cent for 4 files/or attachments provided by electronic delivery, 10 cents/gigabyte of electronic records transmission, the actual costs of storage media, container, envelope; postage/delivery charge. Charges can be combined if more than one type of charge applies. All requests for public documents must be in writing and include the following information:

Date: 3/22/2021

Requestor's printed name: Sharon Johnson

Requestor's signature:

Business name (if appropriate): Hagens Berman

Mailing address: 1301 Second Avenue, Suite 2000, Seattle, WA 98101

Email address: sharonj@hbsslaw.com

Home phone number(s): 206-268-9354

Cell phone number(s):

DOCUMENTS REQUESTED (Please identify specific documents sought):

Any and all educational records of _____), specifically including the cumulative file, special education file, any any other records kept, including but not limited to any files relating to behavioral concerns, disciplinary action, complaints, and/or investigations.

FOR OFFICIAL USE ONLY

Directed to _____

Received by _____

Date received _____

Response due date _____

RESPONSE SUMMARY

Delivered _____

Date 3/22/2021 _____

No. of pages _____

Amount paid _____

Requestor's signature _____

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Centennial Middle School
3000 S Machias Rd
Snohomish, WA 98290

RE:



The undersigned certifies that the law firm of Hagens Berman Sobol Shapiro, LLP, 1301 Second Avenue, Suite 2000, Seattle, Washington, 98101, telephone (206) 623-7292 represents me as my attorneys. I have authorized said attorneys to obtain information and acknowledge as follows:

1. **Extent of Authorization:** This authorization and release applies to me and/or the person whose name appears above, for whom I have the legal authority to make this authorization.
2. **General Information Authorization:** I authorize any person or entity to provide my attorneys or their representatives all information of any nature requested by them.
3. **Employment Information:** I authorize any employer, past or present, to release to my attorneys or their representatives any information of any nature regarding my employment or employment of the above named.
4. **School Information:** I authorize any school to release to my attorneys or their representatives any information regarding my schooling or the schooling of the above named, including personnel files, grades, intelligence testing, psychological testing, teacher evaluation, confidential information, medical information and all other information that may be in the possession of such school.
5. **Military Information:** I authorize any branch or department of the United States armed forces to release to my attorneys or their representatives any information regarding any military service or the military service of the above named.
6. **Industrial Insurance Information:** I authorize any state or private industrial insurance carrier or agency to release to my attorneys or their representatives any information regarding my industrial insurance claims or the industrial insurance claims of the above named, whether open or closed.
7. **Revocation of Other Waivers:** I hereby revoke other waivers, releases or authorizations that I may have previously made to any person or entity, except to my

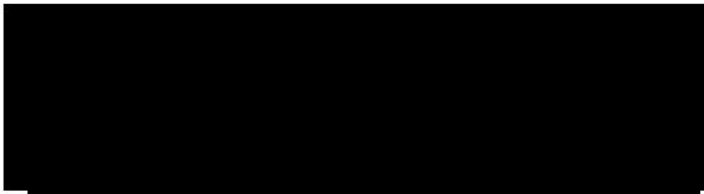
attorneys or their representatives. **YOU ARE HEREBY REQUESTED NOT TO RELEASE OR DISCLOSE ANY INFORMATION TO ANY INSURANCE COMPANY, OTHER LAW FIRMS OR OTHER PERSONS OR ENTITIES WITHOUT MY WRITTEN PERMISSION FROM THIS DATE FORWARD.**

8. **Copy of Authorization:** A copy or facsimile copy of this authorization shall have the same force and effect as a signed original would have.

9. **Duration of Authorization:** This authorization shall be valid until advised in writing by me of its revocation.

10. **Reason for Release:** No reason need be given by my attorneys or their representatives for the release of information, and I authorize such release without reasons being given for requesting the same.

DATED: 2/23/21



GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Snohomish High School
1316 5th St
Snohomish, WA 98290

RE:



The undersigned certifies that the law firm of Hagens Berman Sobol Shapiro, LLP, 1301 Second Avenue, Suite 2000, Seattle, Washington, 98101, telephone (206) 623-7292 represents me as my attorneys. I have authorized said attorneys to obtain information and acknowledge as follows:

1. **Extent of Authorization:** This authorization and release applies to me and/or the person whose name appears above, for whom I have the legal authority to make this authorization.
2. **General Information Authorization:** I authorize any person or entity to provide my attorneys or their representatives all information of any nature requested by them.
3. **Employment Information:** I authorize any employer, past or present, to release to my attorneys or their representatives any information of any nature regarding my employment or employment of the above named.
4. **School Information:** I authorize any school to release to my attorneys or their representatives any information regarding my schooling or the schooling of the above named, including personnel files, grades, intelligence testing, psychological testing, teacher evaluation, confidential information, medical information and all other information that may be in the possession of such school.
5. **Military Information:** I authorize any branch or department of the United States armed forces to release to my attorneys or their representatives any information regarding any military service or the military service of the above named.
6. **Industrial Insurance Information:** I authorize any state or private industrial insurance carrier or agency to release to my attorneys or their representatives any information regarding my industrial insurance claims or the industrial insurance claims of the above named, whether open or closed.
7. **Revocation of Other Waivers:** I hereby revoke other waivers, releases or authorizations that I may have previously made to any person or entity, except to my

attorneys or their representatives. **YOU ARE HEREBY REQUESTED NOT TO RELEASE OR DISCLOSE ANY INFORMATION TO ANY INSURANCE COMPANY, OTHER LAW FIRMS OR OTHER PERSONS OR ENTITIES WITHOUT MY WRITTEN PERMISSION FROM THIS DATE FORWARD.**

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DATED: 2/23/21

