



REQUEST FOR STUDENT RECORDS

Last School Attended: _____

Street Address: _____

City, State, Zip _____

Telephone: _____

Fax: _____

Student(s) Name:	Birth Date:	Grade:
_____	_____	_____
_____	_____	_____

Please send complete information about the student(s) by forwarding the following records to the address indicated on this form within ten (10) days of receipt of this request.

- ✓ Cumulative Folder (attendance records, grade level, classroom test results, grades)
- ✓ Health record folder (hearing, vision, immunizations, etc.)
- ✓ If from a state other than Oregon, please include the Certificate of Immunization
- ✓ All Special Education records
- ✓ Psychological Testing (educational, social, developmental information)
- ✓ Behavioral Records
- ✓ Other special program records (TAG, school lunch, Title 1, etc.)

In accordance with the Family Education Rights and Privacy Act of 1974 and Oregon State law, I hereby authorize the release of all records on the student(s) listed below to the above referenced school.

*Please note: Federal Law 99.31 requires no parent signature for educational records to be sent to another agency.

_____	_____	_____
Signature of secretary/school designee	*Signature of parent or guardian	Date

Date of Enrollment: _____

School: _____

Parent Notification: Under Oregon law, you have the right to review your student's records, to request an amendment of specified content, and to request a hearing if the school district does not agree to amend the records.

Send Records to: