

## REQUEST FOR STUDENT EDUCATIONAL RECORDS

**Date:** \_\_\_\_\_ **Second request date:** \_\_\_\_\_

**To: School Principal or School Records Custodian at:**

**Last School or Program Attended (name):** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

*If the student was scheduled to attend a high school or middle school for the first time, list this school name.*

The student listed below has enrolled in our school. To assist with academic placement and planning we are requesting the following:

Please mail all cumulative educational records including special education, medical, behavioral, confidential, withdrawal grades, grade reports, test scores, transcripts, and any additional educational records.

Please fax a transcript or recent report card and withdrawal grades to the fax number listed below.

Student Name	Date of Birth	Grade	Home School, Online School, Other Program Enrolled? <i>If yes, please provide a program name and location.</i>
			<input type="checkbox"/> No <input type="checkbox"/> Yes _____ _____
			<input type="checkbox"/> No <input type="checkbox"/> Yes _____ _____
			<input type="checkbox"/> No <input type="checkbox"/> Yes _____ _____

Mail records to:

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Thank you,  
School Records Custodian: \_\_\_\_\_

*This request is in compliance with federal and state laws, ORS 326.575 regarding the release of student records.*