OREGON SCHOOL DISTRICT

123 E GROVE STREET
OREGON, WI 53575
Phone: (608) 835-4000
Fax: (608)-835-9509

RECORD RELEASE FORM

In order to best meet the needs ofy our son/daughter, we will be requesting the following records from your child's previous school:

PROGRESS RECORDS: Courses, grades, attendance, extra-curricular activities, etc.
BEHAVIOR RECORDS: Educational and psychological test data, personality evaluations, health records, teacher evealuations, etc.
SPECIAL ED. RECORDS: Including IEP, evaluations, placements, etc (if applicable)

Student Name:	Date of Birth:	Grade Level:	School Year:
Anticipated First Attendance Date:	OSD Building:	OSD Student ID #:	

Records requsted from:

School: _____

Street Address: _____

City, State, Zip: _____

Federal law requires parental notification of impending record transfer and prescribes that the parent may receive a copy of said records and may request a hearing to challenge the content of the records.

I hereby give my consent to transfer the above records. Parental signature is not required; school districts may receive a student's records upon receipt of a written statement that the student is officially enrolled.

Parent/Guardian Signature _____ Date _____

Current Address (if not local) _____ Local Address (if known) _____

_____ _____

Currnet Phone (if not local) _____ Lcaol Phone (if known) _____

Request Sent		Received		To Building		Health Records		Special Ed		Transportation		Food Service		Technology	
	By:		*By:*		*By:*		*By:*		*By:*		*By:*		*By:*		*By:*