

PLEASE FAX TRANSCRIPTS TO:

\_\_\_\_\_

Other records may be mailed to \_\_\_\_\_

<b>OREGON SCHOOL DISTRICT</b> <b>200 North Main Street</b> <b>Oregon, WI 53575</b> <b>(608) 835-4000</b>
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### RECORD RELEASE FORM

In order to best meet the needs of your 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 evaluations, etc.
- SPECIAL ED. RECORDS:** Including IEP, evaluations, placements, etc. (if applicable).

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

#### Records requested 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) \_\_\_\_\_

\_\_\_\_\_

Current Phone (if not local) \_\_\_\_\_ Local Phone (if known) \_\_\_\_\_



Request Sent		Records received		Records to building		Health Records to Health Office		Records to Spec. Ed.		Transportation		Food Service		Technology	
By:		By:		By:		By:		By:		By:		By:		By:	

White – Registrar

Yellow – Previous School

Pink – OSD Building

11/01