



REQUEST FOR RECORDS ∞ PERMISSION TO RELEASE INFORMATION

I hereby give my permission to _____
(Name of previous school)

to release the following information from the education records of _____
(Student's name)

_____, _____, for educational planning/appropriate placement purposes.
(Birthdate) (Grade)

Your name and address will be released to the agency currently holding the records.

INFORMATION REQUESTED: ** (Please release/send original records; not copies)**

- ♦ All Student Records (Including Behavior) - Includes psychological tests, special education records, personality evaluations, records of conversations and any written transcript of incidents relating specifically to student behavior as well as transcripts of grades and courses taken, records of attendance, tests relating specifically to achievement or measurement of ability, academic work portfolio, and records of health.
- ♦ Documentation you have relating to the youth's history of engaging in activity that is likely to place at risk the safety of other students, school employees, or school subcontractors or that requires arrangement of appropriate counseling or education for the youth.
- ♦ Please **Email/Fax** ELL status and ELPA scores if applicable ASAP to expedite a proper schedule.
- ♦ Please **Email/Fax** Immunization information ASAP.
- ♦ Please **Email/Fax** Transcript and withdraw grades

PLEASE SEND ALL SPECIAL EDUCATION RECORDS TO:

Gresham-Barlow School District
Student Support Services
1550 NW Eastman Parkway, Suite 175
Gresham, OR 97030
(503) 261-4650 (503) 261-4669 fax

***** Please fax or email Current IEP/Eligibility if applicable ASAP to properly schedule student before mailing the original file.**

Email: **Carlie Gropp - gropp@gresham.k12.or.us** or **Christine - barberis@gresham.k12.or.us**

(Parent/Guardian or eligible student signature)

(Date)

PREVIOUS SCHOOL:

(Name)

(Address)

(Phone)

(Fax)

PLEASE MAIL RECORDS TO:

Dexter McCarty Middle School

1400 SE 5th St

Gresham, OR 97080

shropshire@gresham.k12.or.us

Email:

(503) 665-0148 (503) 669-1892

(Phone)

(Fax)

Parent/Guardian, You have the right to:

1. Review the education records subject to transfer.
2. Request an amendment of specified contents of the education records pursuant to Oregon Administrative Rule (OAR) 581-21-300, if you believe that the contents are inaccurate, misleading or in violation of the privacy or other rights of the student.
3. Request a hearing pursuant to OAR 581-21-310, if you request an amendment to the education records and your previous school does not make the amendment.