



**Athey Creek Middle School
West Linn-Wilsonville School District
Oregon**



AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL
INFORMATION

Student Name: _____

Grade: _____

Birthdate: ____/____/____

Date: _____

As parent/guardian of the named student, I hereby authorize the mutual exchange of confidential information between the West Linn-Wilsonville School District and/or:

Previous School/Practitioner: _____

City: _____ State: _____ Zip _____ Phone/Fax: _____

Student records to be included as applicable:

- Educational Records
- Health Records
- Behavioral Records
- Transcripts
- IEP/504
- EL Program Records
- TAG Program Records

Note on Record Transfer (ORS 339.260): Any public or private school receiving this request is required to transfer all requested student education records to the requesting school no later than 10 days after receipt of the request. This includes any education records retained by an education service district.

Parent/Guardian Signature: _____

Address: _____

City: _____

State: _____

Zip: _____

Please send all confidential information to trejofls@wlwv.k12.or.us or the address listed below:

Athey Creek Middle School
ATTN: Stephany Trejo Flores, Administrative Registrar
2110 Brandon Pl
West Linn, OR 97068
503-673-7400

*If your district uses Synergy, and can do an Electronic Student Record Request (ESR), please let me know and we can handle that part electronically.

Thank you!