



REQUEST FOR RECORDS ∞ PERMISSION TO RELEASE INFORMATION

I hereby give my permission to _____ (Name of school, agency or person)

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

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

INFORMATION REQUESTED:

- * Official Transcript-signed/sealed - MAILED
* Academic History/Report Cards
* State Assessment Scores
* ELL Status & ELPA Scores (if applicable)
* Discipline Records
* Immunizations/Health Card
* High School Only: Unofficial Transcript - please fax to 503-674-5547 or email to spaid3@gresham.k12.or.us
Official Transcript - MUST BE MAILED.

IMPORTANT:

PLEASE SEND ALL SPECIAL EDUCATION RECORDS SEPARATELY TO:
GRESHAM BARLOW SCHOOL DISTRICT
STUDENT SUPPORT SERVICES
1550 NW Eastman Parkway, Suite 175
Gresham, OR 97030
Telephone: (503) 261-4650 Fax (503) 261-4669
Email: barberis@gresham.k12.or.us
Please fax or email IEP/Eligibility BEFORE mailing the file. Thank you!

(Parent/Guardian or eligible student signature) (Date)

(Address) (Phone)

PREVIOUS SCHOOL:

(Name)

(Address)

(Phone) (Fax)

PLEASE MAIL RECORDS TO:

Gresham High School / Kelly Spaid
(Person or agency)

1200 N. Main Avenue
(Address)

Gresham, OR 97030

503-674-5508 (Phone) Fax: 503-674-5547

Parent/Guardian, You have the right to:

- 1. Review the education records subject to transfer.
2. Request an amendment of specified contents of education records pursuant to Oregon Administrative Rule(OAR) 581-21-300, if you believe 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 and amendment to the education records and your previous school does not make the amendment.