Request for Transfer of Records

Name of Previous School _____

Address _____

City _____ ST _____ Zip _____

Please send records for the following student enrolled at our school as of _____ .

_____

Student Name Grade Date of Birth

Records requested include **all** of the following:

- Cumulative Records
- Health/Immunization Records
- Special Education Records
- Psychological and Behavioral Records

Oregon Revised Statutes allow transfer of student progress records without penalty to any other school or education institution upon receipt of notice of student enrolling in said institution (ORS 336.215).

Please send record to:

Scappoose Adventist School
PO BOX 889
Scappoose, OR 97056

I hereby authorize and request that all records pertaining to the above-named student be transmitted to Scappoose Adventist School. It is understood that this information will be used to develop the most suitable education program for my child.

_____

Signature of Parent of Legal Guardian Date

_____

Current Address City State Zip