



DAYVILLE SCHOOL DISTRICT 16J

285 School House Rd. ~ P.O. Box C
Dayville, Oregon 97825
(855) 617-2412 Fax (866) 847-2155

RECORDS REQUEST

student _____ Birthdate _____ Grade _____

I hereby give my consent for the release of permanent/confidential records to the school named on this document. I understand that I may review these records in accordance with the provisions of the Family Educational Rights and Privacy Act.

- ✓ Cumulative/Permanent Records (Attendance records, grade level, classroom test results, grades)
- ✓ Assessment Records
- ✓ Health Records (Hearing, vision, Certificate of Immunizations, Sports Physicals)
- ✓ Behavioral / Confidential Records
- ✓ Special Education Records
- ✓ Other special program records (TAG, Title 1, school lunch, ect.)

Signature of parent/guardian	Date	Signature of school official	Date
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Former School:	
City, State:	
Phone:	Fax:

For School use only:

Student Entry Date _____	Date Request Faxed or Mailed _____
Follow up Date _____	Date Records Received _____