



REQUEST FOR STUDENT EDUCATIONAL RECORDS

Date: _____

Previous School: _____

School Phone: _____ School Fax: _____

Students Name	DOB	Grade
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➔ Please **FAX** the following **ASAP**:

- Unofficial Transcript
- Withdrawal grades
- Attendance
- Discipline
- Immunizations
- Most recent IEP, Initial Placement & Eligibility
- Most recent 504 Plan

➔ Please **MAIL** all permanent records:

- Official Transcript
- Permanent Records:
 - Cumulative/Progress File (Test Scores/History, Academic Achievement)
 - Health File (Birth Certificate, Immunization, HCP)
 - Behavior File (Special Ed., TAG, ESL, Migrant Ed., Discipline, Legal)

Please mail records to:

OCHS
Attn: Student Records
19761 S. Beaver Creek Road
Oregon City, OR 97045

Vona Winter
OCHS Counseling Secretary
Vona.winter@orecity.k12.or.us
Phone# 503-785-8760 Fax# 503-785-8576

Jenny McKenzie
OCHS Special Services Secretary
Jennifer.mckenzie@orecity.k12.or.us
Phone# 503-785-8750 Fax#503-785-8748

In accordance with the Family Educational Rights and Privacy Act, Oregon SB97, and the Oregon Revised Statutes, all requested records as outlined above will be transferred no later than ten (10) days after receipt of this request.

OFFICE USE
Date Received:
CUM HE BEH
Official Transcript: Yes No