

OREGON CITY



HIGH SCHOOL

Counseling Department
19761 S. Beaver Creek Road, Oregon City, OR 97045
Phone: 503-785-8760 / Fax: 503-785-8576

REQUEST FOR STUDENT EDUCATIONAL RECORDS

Date: _____

Previous School: _____

Phone: _____

Fax: _____

Students Name	DOB	Grade
---------------	-----	-------

Please **FAX or EMAIL** the following **ASAP** to:
FAX 503-785-8576 or EMAIL vona.winter@orecity.k12.or.us

- Unofficial Transcript
- Withdrawal grades
- Attendance
- Discipline
- Birth Certificate/Immunizations
- Most recent IEP
- Most recent 504 Plan

Please **MAIL** all permanent records within 10 days:

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

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

Vona Winter
OCHS Counseling Secretary
503-785-8991
Vona.winter@orecity.k12.or.us

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