

West Linn High School  
5464 West A St  
West Linn, OR 97068  
Phone: 503-673-7800 | Fax: 503-657-8710

## Request for Student Records

Student. \_\_\_\_\_ Date. \_\_\_\_\_

Birthdate. \_\_\_\_\_ Grade. \_\_\_\_\_

As parent/ guardian of the named student, I hereby authorize the mutual exchange of confidential information between West Linn High School and/ or:

Previous School: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Records to be included are:**

- **Official Transcript and withdrawal grades**
- **Permanent record (cumulative to present)**
- **Certificate of Immunization / Health Record folder / Sports Physical form**
- **Special Education records with Eligibility statement/ Current IEP/ Psychological Evaluation report**
- **Behavioral records relating to a suspension, expulsion or other special program records (TAG, Section 504, Alt. Ed., etc.)**
- **Any existing collections of academic evidence (portfolios, scores, etc.) needed for the OAKS - Oregon Assessment Knowledge and Skills**

Parent/ Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

In accordance with the requirements of the Family Educational Rights and Privacy Act of 1974, information sent or received by the Public School may not be shared with any other party without the written consent of the parent or guardian or the pupil, if 18 years or older.

**Please send records to:**

**Cristina Castaneda, Registrar**  
**West Linn High School**  
**5464 West A Street**  
**West Linn, OR 97068**