



AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

Student: _____ Grade: _____

Birthdate: _____ Date: _____

As parent/guardian of the named student, I hereby authorize the mutual exchange of confidential information between:

West Linn-Wilsonville SD 3J
Rosemont Ridge Middle School

and: **Previous School/Agency/Practitioner** _____

Phone #: _____ Fax # _____

Address _____

City _____ State _____ Zip _____

RECORDS TO BE INCLUDED ARE:

Educational records, attendance records, test scores, behavioral and discipline records, health related documents, ESL/LLL/Bilingual information, Special Education files and TAG paperwork, custody information and any other documents regarding the student.

Please fax IEP information to 503.657.8720 or email information to SteinbeA@WLWV.K12.OR.US

- **Other records to be included:** _____

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

Parent/Guardian

Address

Signature

City State Zip

**Please send records to: Rosemont Ridge Middle School
20001 S Salamo Road
West Linn, OR 97068
Attn: Registrar**

Please call 503.673.7550 X2 with any questions.