

Inza R. Wood Middle School

PHONE #503-673-7500

Fax #503-682-9109

AUTHORIZATION FOR EXCHANGE OF INFORMATION

Student _____ Date _____

Birthdate _____ Grade _____

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

Previous School/Agency/Practitioner: _____

Address: _____

City/State/Zip: _____

This document is designed to comply with federal and state laws regarding the release of student records. The purpose of this request is for educational program planning and placement.

Records to be included are:

- Education/Academic Records
- Health/Immunization Records
- Special Education Records
- Behavior Records

Parent/Guardian Signature _____

Address _____

City/State/Zip _____

Please send all information to :

Inza R. Wood Middle School
11055 SW Wilsonville Rd.
Wilsonville, OR 97070

New Federal Law 99.31 - No parental
signature required for educational records
sent to another educational agency.