

DAYVILLE SCHOOL DISTRICT 16J
OLD SCHOOL RD. P.O. BOX C
DAYVILLE, OREGON 97825
(541) 987-2412
fax # (541) 987-2155

RECORDS REQUEST

Name _____ Grade _____ Date _____

Birth Date _____ Place of Birth _____ SSN _____

Parent/Guardian _____ Phone # _____

ACCESS/RELEASE OF EDUCATION RECORDS:

By law, both parents, whether married, separated or divorced, have access to the records of a student who is under 18 unless the district is provided evidence that there is a court order, state statute, or legally binding document revoking these rights to a specific individual.

I understand that I have the right to review my child's student records, the right to a hearing to challenge the content of such records, and the right to a copy of the record to be transferred. I hereby waive my right and give permission to:

Last School Attended _____ Phone # _____

Address of School _____

*to release all **TRANSCRIPTS, GRADES, ATTENDANCE RECORDS, TEST RESULTS, HEALTH RECORDS, SPECIAL EDUCATION RECORDS, CIM/CAM RECORDS, or OTHER PERTINENT EDUCATION RECORDS** to Dayville Schools.*

Parent/Guardian Signature _____ Date _____

Relationship to Student _____

New Students are encouraged to register as quickly as possible so that we may obtain records from their previous school before classes begin.