

**TILLAMOOK SCHOOL DISTRICT #9  
PERMISSION TO RELEASE RECORDS**

TO: \_\_\_\_\_ (Student's former school/agency)

\_\_\_\_\_  
(Address of former school/agency)

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

\_\_\_\_\_(Student Name) \_\_\_\_\_(Date of Birth) \_\_\_\_\_(Grade)

\_\_\_\_\_(Student Name) \_\_\_\_\_(Date of Birth) \_\_\_\_\_(Grade)

\_\_\_\_\_(Student Name) \_\_\_\_\_(Date of Birth) \_\_\_\_\_(Grade)

<p><b>Office Use Only:</b> Date Faxed: _____ Second Request: _____</p>
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has entered Tillamook School District. I am requesting all records for the above named student(s) which include:

- **Student Education Records** which include full legal name of student, birth date and place of birth, name of parents/guardians, date of entry, name of previous school, subject taken, marks received, credits earned, attendance, date of withdrawal, social security number (if provided), tests related specifically to achievement or measurement of ability.
- **Health Records** which include immunization records, sports physical examinations, health screening records, medication administration records, and other related documents.
- **Behavioral Records** which include psychological tests, personality evaluations, records of observations and any written transcript of incident(s) relating specifically to student behavior. TAG identification and records. This should include information relating to youth's history of engaging in activity that is likely to place school staff or other student safety at risk, or that requires appropriate counseling or education.
- **Special Education Records** including, but not limited to, records of eligibility, correspondence with parent/guardian, and all previous and current IEP's.
- Portfolio
- **OTHER** (specify)\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or School Registrar

**PLEASE SEND ALL RECORDS TO:**

**Liberty School**  
1700 Ninth St  
Tillamook, OR 97141  
Ph# (503) 842-7501  
Fax# (503) 842-1314

**South Prairie School**  
6855 South Prairie Rd  
Tillamook, OR 97141  
Ph# (503) 842-8401  
Fax# (503) 842-1452

**East Elementary School**  
3905 Alder Lane  
Tillamook, OR 97141  
Ph# (503) 842-7544  
Fax# (503) 842-1246

\*\*Office Use Only: Withdraw Date: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Subject to ORS 330.260, a district receiving this request shall transfer all education records no later than 10 days after receipt of request. Should any of the requested records be on file in other departments, please forward this request to the appropriate office. If no records are on file, please contact the school requesting the records.