

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

TO: _____ (Student's former school/agency)

(Address of former school/agency)

Office Use Only:

Date Faxed: _____

Second Request: _____

Phone: _____ Fax: _____

_____(Student Name) _____(Date of Birth) _____(Grade)

_____(Student Name) _____(Date of Birth) _____(Grade)

_____(Student Name) _____(Date of Birth) _____(Grade)

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:

Tillamook Junior High
3906 Alder Lane
Tillamook, OR 97141
Ph# (503) 842-7531
Fax# (503) 842-1349

Tillamook High School
Attn: Registrar
2605 12th St
Tillamook, OR 97141
Ph# (503) 842-2566
Fax# (503) 842-1340

****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.

TILLAMOOK SCHOOL DISTRICT #9
AUTORIZACION DE ACCESO A LOS REGISTROS

PARA: _____ (Escuela/Agencia anterior del estudiante)

(Domicilio de la escuela/agencia anterior)

Telefono: _____ Fax: _____

Office Use Only:

Date Faxed: _____

Second Request: _____

_____(Nombre del Estudiante) _____(Fecha de Nacimiento) _____(Grado)

_____(Nombre del Estudiante) _____(Fecha de Nacimiento) _____(Grado)

_____(Nombre del Estudiante) _____(Fecha de Nacimiento) _____(Grado)

ha entrado al Distrito Escolar de Tillamook. Yo estoy solicitando todos los registros del estudiante(s) nombrado(s) arriba que incluyen:

- **Registros de Educación del Estudiante** que incluye el nombre completo y legal del estudiante, fecha de nacimiento y lugar de nacimiento, nombre de los padres/guardian, fecha de entrada, nombre de la escuela anterior, materias tomadas, calificaciones recibidas, créditos recibidos, asistencia, fecha de retiro, número de seguro social (si se provee), exámenes relacionados específicamente al prueba de rendimiento o evaluación de aptitudes.
- **Historial Medico** que incluye el registro de inmunización, examen físico relacionado a los deportes, registros de exámenes de salud, registros de medicamentos administrados, y otros documentos pertinentes.
- **Registros de Conducta** que incluye pruebas psicológicas, evaluaciones de personalidad, registros de observaciones y cualquier transcripción de incidente(s) relacionadas específicamente al comportamiento del estudiante puesto por escrito. Identificación y archivos de TAG.
- **Registros de Educación Especial** incluyendo, pero no limitado a, registros de elegibilidad, correspondencia con los padres/guardián, el IEP actual y todos los anteriores.
- **Portafolio**
- **OTRO** (especifique) _____

Firma _____ Fecha _____
Padre(s) o Secretaria de Alumnos

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