



# Willamette High School

## STUDENT RECORDS RELEASE FORM

1801 Echo Hollow Rd. ~ Eugene, OR 97402

Main Office: 541.689.0731

Main Office Fax: 541-689-7119

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person requesting student records: \_\_\_\_\_

Student Address: \_\_\_\_\_

Street/P.O. Box City State Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

### **Please release the following from the Cumulative Student Records Folder:**

- |   |  |
|---|--|
| <input type="checkbox"/> Official Transcript                    | <input type="checkbox"/> Birth Certificate/SS Card   |
| <input type="checkbox"/> Permanent record cards                 | <input type="checkbox"/> Health/Immunization Records |
| <input type="checkbox"/> Most Recent IEP                        | <input type="checkbox"/> Proof of sports physical    |
| <input type="checkbox"/> 504 documentation                      | <input type="checkbox"/> Discipline                  |
| <input type="checkbox"/> State Test Scores                      | <input type="checkbox"/> Court Documents             |
| <input type="checkbox"/> Most recent psychological evaluation   | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> ESL documentation/Home Language survey | <input type="checkbox"/> Other: _____                |

### **Permission for Release of Student Records**

The signature below authorizes the release of my student records and confirms that I have completed all sections accurately and truthfully, including information verifying my identity.

Print Name: _____	Signature: _____	Date: _____
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I hereby give my permission to release the following educational records to:

Print Name: _____	Date: _____
Signature: _____	Date: _____
Identification Provided _____	Number: _____