



Request for Student Records

Student(s) Name	Date of Birth	Grade Level (current)
1. _____	_____	_____
2. _____	_____	_____

To: _____
(Name of former school)

PARENTAL RIGHTS

I understand that my child's records will be sent to Sheridan School District #48J within the next (10) days. I understand that I also have the right to review the education records of my child at any time after they have been transferred to Sheridan School District #48J (ORS 326.565) and that I may request an amendment of specified contents pursuant to OAR 581-021-0300 if I believe that the contents are inaccurate, misleading, or in violation of the privacy or other rights of the student.

Please email before mailing:

✓ 504

Please mail all **Education Records** including:

✓ Cumulative File - Report Cards, Testing, 504 & Behavior

✓ Health Folder including Immunization Records, Sports Physical & etc.

Please email the following to **Special Programs** before mailing:

✓ IEP & eligibility documents

✓ ELL

✓ TAG

Please mail all **Special Education Records** to Special Programs, including:

✓ ORIGINAL Special Education Records (including eligibility)

✓ IEP eligibility documents

**Mail all Special Program
Records to:**

**Sheridan School District
Special Programs - Records
435 S Bridge St
Sheridan, OR 97378**

Fax: 503-843-1515

**Email: leighanne.michaelson
@sheridan.k12.or.us**

Parent/Guardian Signature

Relationship

Date

OFFICE USE ONLY

Please mail to: (check one)

Faulconer Chapman School

332 SW Cornwall St., Sheridan OR 97378

Phone: 971-261-6960 Fax: 503-843-3738

Email: krysten.pomeroy@sheridan.k12.or.us

Sheridan High School

433 S. Bridge St., Sheridan OR 97378

Phone: 971-261-6970 Fax: 503-843-3505

Email: becky.hasel@sheridan.k12.or.us

Registrar Signature

Date