

AUTHORIZATION for DISCLOSURE of RECORDS

School Year: _____

School Last Attended: _____

Address: _____

Phone: _____ Fax: _____

Release Records for: _____

Birth Date: _____

Grade Entering: _____

Campus Your Child Will Attend:

Corbett Main Campus CAPS

I hereby authorize and request that all records pertaining to the above named student be transferred or otherwise disclose the contents of the records described below to Corbett School District:

- Permanent record (cumulative to the present)
- Certificate of Immunization Status
- Health Record Folder
- Special Education Records
- Behavioral records relating to a suspension, expulsion, or eligibility for Special Education
- Other program records (TAG, Title I, ESL, school lunch, etc.)

The authorization shall be valid until revoked in writing by me.

Signature of parent or guardian: _____

Print Name: _____

Please send records to: Samantha Sanchez
Corbett School District #39
35800 E. Historic Columbia River Hwy.
Corbett, OR 97019