

# 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: Jennifer Larsen  
Corbett School District #39  
35800 E. Historic Columbia River Hwy.  
Corbett, OR 97019