

Winston Churchill High School

Request for Student Records

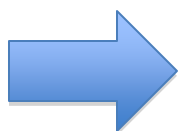
Last School Attended: _____

Address, City, State, Zip: _____

Telephone #/Fax #: _____ / _____

Please email or fax Immediately!!!

Transcript / IEP / 504



Email: jackson_tr@4j.lane.edu (preferred method)

Fax: 541-790-5106 Phone: 541-790-5108

Student starting: ____/____/____

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

Please send complete information about these student(s) by forwarding the following records to the address indicated below within ten (10) days of receipt of this request.

- Cumulative folder (attendance records, grade level classroom test results, grades)
- Health record folder (immunizations, hearing, vision, etc.)
- If from a state other than Oregon, please include the Certificate of Immunization
- All Special Education records
- Psychological testing (educational, social, development information)
- Behavioral records
- Other special program records (TAG, school lunch, Title 1, etc.)

In accordance with the Family Education Rights and Privacy Act of 1974 and Oregon State law, I hereby authorize the release of all records on the student(s) listed to the referenced school. *Please note: Federal Law 99.31 requires no parent signature for educational records to be sent to another agency.

Signature of Registrar Parent/Guardian Date

Send Records to: Winston Churchill High School
Attn: Trisha Jackson/Registrar
1850 Bailey Hill Rd.
Eugene, OR 97405