



Ridgeview High School

4555 SW Elkhorn Ave ~ Redmond, OR 97756
Phone: 541-504-3600 Fax: 541-504-3607

Request for Student Records

Name of Previous School _____ Phone: _____

Address _____ Fax: _____

City _____ State _____ Zip _____

PLEASE SEND RECORDS FOR:

Student Name _____ Grade _____ Birth Date _____

Student Name _____ Grade _____ Birth Date _____

Please Fax:

- ____ Transcript
- ____ Withdrawal Grades
- ____ IEP/Behavioral Records

Fax To:

Shelley Marks, Registrar
Ridgeview High School
541-504-3607

Please Mail:

- Cumulative Folder
- Immunization Information
- Physical/Medical Records
- ELL Testing
- Psychological Testing

Please send records to:

Shelley Marks, Registrar
Ridgeview High School
4555 SW Elkhorn Ave
Redmond, OR 97756
email: shelley.marks@redmond.k12.or.us

I hereby authorize and request that all education records pertaining to the above-named student (as defined by OAR 581-21-220) be transmitted to Redmond School District 2J. It is understood that this information will be used to develop the most suitable education program for my child. It is further understood that the records will be maintained and used in accordance with the laws of the State of Oregon and the Federal Family Education Rights and Privacy Act of 1974. I have been notified of my right to: 1) review the education records subject to transfer; 2) request an amendment of specified contents of the education records pursuant to Oregon Administrative Rule (OAR 581-21-300) if you believe the contents are inaccurate, misleading or in violation of the privacy or other rights of the student; and 3) request a hearing pursuant to (OAR 581-21-310). If you request an amendment to the education records and the amendment is not made by your former school district, the hearing will be conducted pursuant to (OAR 581-21-320).

Signature of Parent or Legal Guardian

Date

Address

State/Zip

Telephone Number