

# Sunridge Middle School

700 SW Runnion Avenue  
Pendleton, Oregon 97801  
(541) 276-4560 Fax (541) 966-3410

Student \_\_\_\_\_ Student # \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade this year \_\_\_\_\_ Date \_\_\_\_\_

School last attended \_\_\_\_\_

Address of School \_\_\_\_\_

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## REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

In accordance with Federal Law PL 93-380 and Oregon law 336.185 to 336.215 a request is made that the above student's records be forwarded to Sunridge Middle School, Pendleton, Oregon. Federal Law 99.31 states that there is no parent signature required for educational records sent to another educational agency.

PLEASE FORWARD:

- \_\_\_\_\_ 1. **PROGRESS RECORDS:** Permanent Record (parent name, etc.), achievement test scores, academic work completed, **TRANSCRIPT OF GRADES** and courses taken, level of achievement (grades, marks, career points, reading competency, grade level, etc.), attendance.
- \_\_\_\_\_ 2. **HEALTH RECORDS:** Immunization records, other health records (vision, audio, etc.)
- \_\_\_\_\_ 3. **SPECIAL ED:** IEP information, psychological test information, Title I records, TAG information, any other information that would be helpful in place the student in proper classes.
- \_\_\_\_\_ 4. **BEHAVIORIAL RECORDS:** Family background information, anecdotal records, records of conversations and verified reports of serious or recurrent behavior patterns.

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## PARENT/LEGAL GUARDIAN AUTHORIZATION

I make this authorization in order to transfer records to the location where this student will be attending school. **I have been notified of my rights to review my student's records before their release** and - - (please check one response):

I waive my right at this time, consenting to the release and transfer of the foregoing records **without any further notice to me.** I will inform you in writing should I desire a personal copy of the records.

I will contact you within seven (7) school days from the date on this request form to review my student's records in the presence of a person qualified to interpret them.

Signature \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Date \_\_\_\_\_

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SEND RECORDS TO:      Records  
Sunridge Middle School  
700 SW Runnion Avenue  
Pendleton, Oregon 97801