

# Reynolds School District

## Release and/or Exchange of Information

As the parent/guardian of:

Student's Name \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize the release and/or exchange of confidential information between:

Reynolds School District		And School/Agency Transferring Form	
<input type="checkbox"/> Reynolds Administration 1204 N.E. 201st Ave Fairview, OR 97024 (503) 661-7200 Fax: (503) 667-6932	<input type="checkbox"/> Glenfair Elementary 15300 N.E. Glisan Portland, OR 97230 (503) 252-0159 Fax: (503) 262-3788	School/Agency: _____  Address: _____  City/Zip: _____  Telephone: _____  Contact: _____	
<input type="checkbox"/> Reynolds Learning Academy (West) 20234 N.E. Halsey Fairview, OR 97024 (503) 667-4673 Fax: (503) 262-3795	<input type="checkbox"/> Reynolds Learning Academy (East) 2408 SW Halsey, Bldg. J Troutdale, OR 97060 (503) 912-1576 Fax: (503) 676-6787		
<input type="checkbox"/> Alder Elementary 17200 S.E. Alder Street Portland, OR 97233 (503) 255-4673 Fax: (503) 262-3786	<input type="checkbox"/> Salish Ponds Elementary 1210 N.E. 201st Avenue Fairview, OR 97024 (503) 492-7260 Fax: (503) 491-3469	<input type="checkbox"/> Wilkes Elementary 17020 N.E. Wilkes Road Portland, OR 97230 (503) 255-6133 Fax: (503) 262-3793	<input type="checkbox"/> Walt Morey Middle School 2801 S.W. Lucas Troutdale, OR 97060 (503) 491-1935 Fax: (503) 491-0245
<input type="checkbox"/> Davis Elementary 19501 N.E. Davis Portland, OR 97230 (503) 665-9193 Fax: (503) 667-6187	<input type="checkbox"/> Scott Elementary 14700 N.E. Sacramento Portland, OR 97230 (503) 255-2031 Fax: (503) 262-3790	<input type="checkbox"/> Woodland Elementary 21607 N.E. Glisan Fairview, OR 97024 (503) 674-8188 Fax: (503) 262-3794	<input type="checkbox"/> Reynolds High School 1698 S.W. Cherry Park Road Troutdale, OR 97060 (503) 667-3186 Fax: (503) 669-0776
<input type="checkbox"/> Fairview Elementary 225 Main Fairview, OR 97024 (503) 667-2954 Fax: (503) 262-3787	<input type="checkbox"/> Sweetbriar Elementary 501 S.E. Sweetbriar Lane Troutdale, OR 97060 (503) 666-9441 Fax: (503) 262-3791	<input type="checkbox"/> Hartley Elementary 701 N.E. 185th Avenue Portland, OR 97230 (503) 665-0134 Fax: (503) 262-3789	<input type="checkbox"/> Lee Middle School 1121 N.E. 172nd Portland, OR 97230 (503) 255-5686 Fax: (503) 328-0439
<input type="checkbox"/> Four Corners School 14513 SE Stark Portland, OR 97233 (503) 328-0420 Fax: (503) 542-4796	<input type="checkbox"/> ACE Academy 4222 N.E. 158th Avenue Portland, OR 97230 (503) 546-9928 Fax: (503) 546-9708	<input type="checkbox"/> Troutdale Elementary 648 S.E. Harlow Troutdale, OR 97060 (503) 665-4182 Fax: (503) 262-3792	<input type="checkbox"/> Reynolds Middle School 1200 N.E. 201st Avenue Fairview, OR 97024 (503) 665-8166 Fax: (503) 262-3796

I hereby authorize and request that all records, including psychological tests, special education records, personality evaluations, records of conversation and any written transcript of incidents relating specifically to achievement or measurement of ability and records of health, pertaining to the above named student be transmitted to Reynolds School District. It is understood that this information will be used to develop the most suitable education program for my student. 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 understand my right to review the records and to have a hearing to remove or correct any information that is inaccurate, misleading, or otherwise violates the student's right to privacy.

An explanation of parent rights regarding student records is on the reverse side.

Parent/Guardian (age 18+) \_\_\_\_\_ Date \_\_\_\_\_