



7960 S.E. 15<sup>th</sup> - Portland, Oregon 97202  
503-234-5500 Fax 503-232-7240

Date: \_\_\_\_\_

### RECORD TRANSFER FORM

To: (Name of School Last Attended) \_\_\_\_\_

(Full Address) \_\_\_\_\_

\_\_\_\_\_

Please forward student cumulative records for:

Student's Name	Date of Birth	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Information released shall be:

- Cumulative Academic Records
- Supplemental Records (Psychological, etc.)
- Special Education Records
- Immunization & Health Records

A copy of this information may be obtained by the parent/guardian upon written request at the expense of the person making the request.

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Information received by St. Agatha School will be placed in the student's record and will be available for inspection and review in accordance with the Family Education Rights and Privacy Act of 1974. Information sent by St. Agatha School may not be shared by any other party without written consent of the parents or the student if the student is 18 years or older.

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