

David Douglas School District
 11300 NE Halsey Street, Portland Oregon 97220 (503) 252-2900
 Request for Records
 Parent Waiver of Ten Day Waiting Period

As the parent/guardian of:

Student's Name: _____ Synergy number: _____
 Birthdate: ____/____/____ Grade: _____ Phone: (____) _____ - _____
 Address: _____ City: _____ State: _____ Zip: _____

I waive my right to review and request amendment of my child's education records and understand that these records will be released and/or exchanged between:

David Douglas School District:

<input type="checkbox"/> Cherry Park Elem. 1930 SE 104 th Ave Portland OR 97216 503-256-6501 503-261-8428 fax	<input type="checkbox"/> Lincoln Park Elem. 13200 SE Lincoln St Portland OR 97233 503-256-6504 503-261-8444 fax	<input type="checkbox"/> West Powellhurst Elem. 2921 SE 116 th Ave Portland OR 97266 503-256-6509 503-261-8408 fax	<input type="checkbox"/> David Douglas H.S 1001 SE 135 th Ave Portland OR 97233 503-261-8300 503-261-8399 fax
<input type="checkbox"/> Earl Boyles Elem. 10822 SE Bush St Portland OR 97266 503-256-6554 503-261-8437 fax	<input type="checkbox"/> Menlo Park Elem. 12900 NE Glisan St Portland OR 97230 503-256-6506 503-261-8449 fax	<input type="checkbox"/> Alice Ott M.S. 12500 SE Ramona St. Portland OR 97236 503-256-6510 503-261-8403 fax	<input type="checkbox"/> Fir Ridge Campus 11215 SE Market St Portland OR 97216 503-256-6530 503-261-8433 fax
<input type="checkbox"/> Gilbert Heights Elem. 12839 SE Holgate Blvd. Portland OR 97236 503-256-6502 503-261-8454 fax	<input type="checkbox"/> Mill Park Elem. 1900 SE 117 th Portland OR 97216 503-256-6507 503-261-8418 fax	<input type="checkbox"/> Floyd Light M.S. 10800 SE Washington St. Portland OR 97216 503-256-6511 503-261-8423 fax	<input type="checkbox"/> Student Eval. Center 2900 SE 122 nd Ave Portland OR 97236 503-256-66549 503-261-8468 fax
<input type="checkbox"/> Gilbert Park Elem. 13132 SE Ramona St. Portland OR 97236 503-256-6531 503-261-8413 fax	<input type="checkbox"/> Ventura Park Elem. 145 SE 117 th Ave Portland OR 97216 503-256-6508 503-261-8439 fax	<input type="checkbox"/> Ron Russell M.S. 3955 SE 112 th Ave Portland OR 97266 503-256-6519 503-761-7246 fax	<input type="checkbox"/> District Office 11300 NE Halsey St. Portland OR 97233 503-252-2900 503-261-0131 fax

AND

School

Street Address

City

State

Zip

Phone

I understand that all records pertaining to the above named student will be transmitted to David Douglas School District #40. 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 understand my right to review the education records and to request an amendment of specified contents that are inaccurate, misleading, or otherwise violate the privacy or other rights of my child (student).

I understand that Oregon State Regulations require my child's previous school to transfer the education records on the tenth day after receipt of the request for transfer to David Douglas School District. However, because I believe it is in my child's best interest to have the records disclosed without unnecessary delay, I hereby waive the ten day waiting period to allow the transfer and/or disclosure of educational records immediately.

Parent/guardian/student (age 18+) : _____ Date: _____

FOR OFFICE USE ONLY

Please assist us by completing the information below and return a copy of this release with the student's records. If you have no records for the student, please indicate below.

The student above:

- Has special education records which are being sent via fax number above. Does not have special education records on file with our district
 (i.e. Current IEP, Current Eligibility and supporting reports) Has no records on file with our school district.
 Has special education records which you must request from the location below: All records were sent to: _____ school district on (date): _____