David Douglas School District #40
11300 NE Halsey St., Portland, OR 97220 (503) 252-2900

Request for Records

Parent Waiver of Ten Day Waiting Period

As the parent/guardian of:

Student's name_____ 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:

☐ **Cherry Park ES**
1930 SE 104th
Portland, OR 97216
503-256-6501
503-261-8428 fax

☐ **Lincoln Park ES**
13200 SE Lincoln
Portland, OR 97233
503-256-6504
503-261-8444 fax

☐ **West Powellhurst ES**
2921 SE 116th
Portland, OR 97266
503-256-6509
503-261-8408 fax

☐ **David Douglas HS**
1001 SE 135th
Portland, OR 97233
503-261-8300
503-261-8301 fax

☐ **David Douglas Online Academy**
1400 SE 135th
Portland, OR 97233
503-389-0288
503-261-0233 fax

☐ **Earl Boyles ES**
10822 SE Bush
Portland, OR 97266
503-256-6554
503-261-8437 fax

☐ **Menlo Park ES**
12900 NE Glisan
Portland, OR 97230
503-256-6506
503-261-8449 fax

☐ **Alice Ott MS**
12500 SE Ramona
Portland, OR 97236
503-256-6510
503-261-8403 fax

☐ **Fir Ridge Campus**
11215 SE Market
Portland, OR 97216
503-256-6530
503-261-8433 fax

☐ **Gilbert Heights ES**
12839 SE Holgate
Portland, OR 97236
503-256-6502
503-261-8454 fax

☐ **Mill Park ES**
1900 SE 117th
Portland, OR 97216
503-256-6507
503-261-8418 fax

☐ **Floyd Light MS**
10800 SE Washington
Portland, OR 97216
503-256-6511
503-261-8423 fax

☐ **Student Eval. Center**
2900 SE 122nd
Portland, OR 97236
503-256-6549
503-261-8468 fax

☐ **Gilbert Park ES**
13132 SE Ramona
Portland, OR 97236
503-256-6531
503-261-8413 fax

☐ **Ventura Park ES**
145 SE 117th
Portland, OR 97216
503-256-6508
503-261-8439 fax

☐ **Ron Russell MS**
3955 SE 112th
Portland, OR 97266
503-256-6519
503-761-7246 fax

☐ **District Office**
1500 SE 130th
Portland, OR 97233
503-252-2900
503-261-8208 fax

AND:
School _____

Street Address _____

City _____ State _____ Zip Code _____Telephone _____

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_____

Attention School District Only!

Please assist us by completing the information below and returning 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.
- ☐ Has special education records which you must request from the location below:
  _____
  _____
  _____
- ☐ Does not have special education records on file with our school district.
- ☐ Has no school records of any kind on file with our school district.
- ☐ All records were sent to:_____school district on (date)_____
- ☐ Student ID#_____

AL/sh