

Alsea School District 7J
301 S. 3rd St.
P.O. Box B
Alsea, OR 97324

Release of Student Records

Please accept this document as formal approval for the release of all official school records (including the record of transcripts, testing information, special education, health and immunization records).

Please return this form to Alsea School District

Student Information

Student's Full Name _____
First Middle Last

Student Date of Birth _____

Student's Legal Address _____
street apt.#

city county state zip code

Home Phone: _____

Prior School Information

Never attended a Prior School

Name of Prior School _____

School Address _____
Street

city county state zip code

School Phone _____

Name of Parent/ Legal Guardian _____
first last

Parent/Guardian Signature _____
date

SCHOOL OFFICIALS ONLY

Send Student Records to: Alsea School District 7J
P.O. Box B
Alsea, OR 97324

Student's Name _____ Student's Home Phone _____