HOOD VIEW
ADVENTIST SCHOOL

AUTHORIZATION TO RELEASE RECORDS REQUEST

RELEASE OF RECORDS FOR: _____
Student Name

BIRTHDAY: _____ GRADES ATTENDED: _____

_____
Previous School

_____
Address

_____
City State Zip

_____ Academic Progress Records/Cumulative Files/Transcripts
_____ Immunization/Health Records (within 30 days if out of state)
_____ Behavioral Records
_____ Specifically named records _____

PLEASE SEND RECORDS TO:

HOOD VIEW ADVENTIST SCHOOL
26505 SE KELSO ROAD
BORING, OREGON 97009

Oregon Revised Statutes allows transfer of student progress records without penalty to any other school or educational institution upon receipt of notice of the student enrolling is said institution.
(ORS 336.215)

I hereby request and permit the release and forwarding of all records indicated for the above student. I understand my right to review these records.

_____
Signature of Parent/Guardian/or School Official Date

26505 SE Kelso Rd. Boring, Or 97009 • 503-663-4568 • Fax 503-663-5110 • gschnibbe@hvja.org