



PORTLAND PUBLIC SCHOOLS Enrollment and Transfer Center

501 N Dixon ♦ Portland, Oregon 97227
Phone (503) 916-3205 ♦ Fax (503) 916-3699

To: _____
Name of Former School

Address of Former School City/State Zip

(_____) _____
Phone of Former School Fax of Former School

REQUEST FOR CONFIDENTIAL RECORDS

Student's Last Name First Name M F _____
Gender Birth Date

Grade in 16/17 school year Special Services (English as Second Language, Talented/Gifted, Special Ed., IEP)

WE ARE REQUESTING...

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> All Student Records | <input type="checkbox"/> Cum File | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Athletic Physical & Release | <input type="checkbox"/> IEP | <input type="checkbox"/> Special Ed. Records |
| <input type="checkbox"/> CIM Portfolio | <input type="checkbox"/> Transcript | <input type="checkbox"/> Student Health Records |
| | | <input type="checkbox"/> Withdrawal / Transfer Grades |

Please send information indicated to: _____

Signature of Parent or Legal Guardian Date

-OR-

Signature of District Staff Date

For Office Use Only

Registration Date _____ Student's Synergy Number _____
Assigned PPS School _____ during _____ school year.
Records Request Date _____ Records Received from _____ on _____