



REQUEST FOR EDUCATION RECORDS

Student: _____ Date of birth: _____

Last school attended: _____ Grade: _____

School address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Parent/guardian Signature: _____

Please release the following information:

- Cumulative Academic Records
- Health and Immunization Records
- Special Education Records
- Other: _____

Send records to:

Duniway Elementary School
 Attention: Sarah Erickson
 7700 SE Reed College Place
 Portland, OR 97202

Phone: (503) 916-6343
 Fax: (503) 916-2623

You may also scan the records to: serickson@pps.net

Home of the Duniway Dragons

