

**DOUGLAS COUNTY SCHOOL DISTRICT #15**  
**Days Creek Charter School**  
**P.O. Box 10**  
**Days Creek, OR 97429**  
541-825-3296 FAX: 541-825-3052

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AUTHORIZATION TO RELEASE RECORDS

ATTENTION: Registrar

SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
City State Zip

PLEASE SEND RECORDS TO: Registrar  
Douglas County SD#15  
P.O. Box 10  
Days Creek, OR 97429

RELEASE OF RECORDS FOR: \_\_\_\_\_ Birthdate

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Academic Progress Records | <input checked="" type="checkbox"/> Immunization/Health Records     |
| <input checked="" type="checkbox"/> Behavioral Records        | <input checked="" type="checkbox"/> Attendance Records              |
| <input checked="" type="checkbox"/> Testing Records           | <input checked="" type="checkbox"/> Special Ed/Confidential Records |

DATE STUDENT ENROLLED IN DOUGLAS COUNTY SD #15 \_\_\_\_\_

I hereby request and permit the release and forwarding of the student records indicated herein for the above named student. I waive my right to review and/or amend the educational and behavioral records of my child prior to their transfer, \_\_\_\_\_ signature  
(OAR 581.21.320).

Should any of the requested records be on file in other school district offices, please forward this request to the appropriate building. If no records are on file please explain below and return.

\_\_\_\_\_  
Signature of Parent/Guardian/Registrar Street Address  
\_\_\_\_\_  
City, State Zip

Date: \_\_\_\_\_