



**CLAGGETT CREEK MIDDLE SCHOOL**  
Aaron Persons, Principal  
1810 Alder Dr NE • Keizer, Oregon 97303  
503-399-3701 • FAX 503-399-3708  
<https://claggettcreek.salkeiz.k12.or.us>

Christy Perry, Superintendent

Student Name: \_\_\_\_\_

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

Grade: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

City & State of Previous School: \_\_\_\_\_

>>> *This section to be completed by school.*

### REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

In accordance with Federal Law PL-93-380 and Oregon Law 336.185 to 336.215 a request is made that the above student's educational records be forwarded to **Claggett Creek Middle School, 1810 Alder Dr NE, Keizer, OR 97303.**

Student Start Date: \_\_\_\_\_

If checked, please fax the following information as soon as possible, to (503) 399-3708.

- |  |   |
|--|---|
| <input type="checkbox"/> Current Class Schedule/Grades and/or Transcript | <input type="checkbox"/> Behavior/Discipline Info |
| <input type="checkbox"/> Birth Certificate                               | <input type="checkbox"/> IEP (recent copy)        |
| <input type="checkbox"/> Immunization Record                             | <input type="checkbox"/> ELL Level _____          |

**Please forward the following educational records:** *transcripts of grades and courses taken, records of attendance, immunization records, school and sports physical forms, other health records (vision, audio, etc.), any written transcripts relating specifically to student behavior, IEP paperwork (statements of eligibility, placement form, etc.), psychological and/or personality evaluations, TAG, ELL, and any other information that would be helpful in placing the student in proper classes.*

Thank you,

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date

### PARENT/LEGAL GUARDIAN AUTHORIZATION

I authorize the transfer of records to Claggett Creek Middle School.

Parent Signature: \_\_\_\_\_

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