

MOLALLA HIGH SCHOOL  
357 Frances St/PO Box 309, Molalla, OR 97038  
AUTHORIZATION TO RELEASE RECORDS

To (Name of Former School): \_\_\_\_\_  
Address: \_\_\_\_\_  
Fax#: \_\_\_\_\_ Phone #: \_\_\_\_\_

This document is designed to comply with federal and state laws regarding the release of student records. The purpose of this request is for educational program planning and placement.

Please send records to:  
Molalla High School  
Attn: Registrar  
PO Box 309  
Molalla, OR 97038  
Fax: 503-829-7468 / Phone: 503-759-7315  
Registrar e-mail: gina.bilyeu@molallariv.k12.or.us

The student(s) named below have registered in our school.

Please send records for:  
Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Please Scan (PREFERRED) ASAP to : gina.bilyeu@molallariv.k12.or.us**

Transcript and Withdrawal Grades \_\_\_\_\_ Immunizations \_\_\_\_\_ IEP docs \_\_\_\_\_

**Or fax ASAP**

Please mail:

- Academic Progress Records
- Special Education Records
- Immunization Records
- Behavior Records
- OAKS/Essential Skills Records
- Other (psychological evaluation, academic testing, medical information pertaining to handicapping condition)

Note: Federal Law 99.31 allows student education records to be transferred to other educational institutions/agencies without the parental signature requirement.