

## Student Records Release

Name of Former School		
Street Address		
City/State/Zip (Postal Code)		Country
I hereby authorize the transfer a records concerning:	nd release of 🗌 progress records 🗌 behavioral record	rds 🗌 all educational and medical
Name of Student	Date of Birth	Grade
To the Admissions Office of Delph This release does not waive any rig prescribed by law.	ian School: hts to challenge the contents of these records by the pare	ents, guardian, or emancipated minor as
I understand that these are confide	ential records and will not be shown to any other third p	arty without parent's/student's permission.
Signature of Parent/Guardian		Date
-	reparing the student's program at Delphian School. If stu uality of progress to date of withdrawal:	adent withdrew prior to the end of
Please forward materials to:	Delphian School Admissions Office Attn: Records Section 20950 SW Rock Creek Road Sheridan, Oregon 97378	