

# NESKOWIN VALLEY SCHOOL

## REQUEST FOR RECORDS

TO: Office Administration / Student Records

Former School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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Name of Student: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

### Please forward the following educational records:

- All confidential student records (including health records, transcripts, and behavioral records).
- Progress Records
- Individual Education Program (if student is in a Special Education Program)

Other  
(specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Former school should release the above records to the address listed below:

Neskowin Valley School  
Attn: Records Office  
10005 Slab Creek Road  
Neskowin, OR 97149  
Fax: 503-392-3928  
Email: [info@neskowinvalleyschool.com](mailto:info@neskowinvalleyschool.com)