



RECORDS REQUEST
LEBANON COMMUNITY SCHOOL DISTRICT
Records Department: 485 S. 5th Street, Lebanon, OR 97355
Phone: (541) 259-8937 • Fax: (541) 451-8517
E-mail: leb_records_staff@lebanon.k12.or.us

DATE: _____

PREVIOUS SCHOOL NAME: _____

PREVIOUS SCHOOL ADDRESS: _____

PREVIOUS SCHOOL PHONE: _____ PREVIOUS SCHOOL FAX: _____

The following student has enrolled in _____ **SCHOOL** in the Lebanon School District.

STUDENT FULL LEGAL NAME: _____

GRADE: _____ DATE OF BIRTH: _____

Please send **ALL** of the **ORIGINAL** educational records (as per ORS #326.565 & 326.575 and OAR 581-021-0255(5)) which includes the following:

- Cumulative Records
 - Standardized Test Results
 - Health/Immunization Records
 - Special Education Records
 - including most current evaluation results
- IF NECESSARY PLEASE FORWARD REQUEST TO YOUR SPED DEPT.**
- Limited English Proficiency Help
 - Psychological/Behavior Records
 - Career Education Folder/ Work samples required for essential skills

Parent/Guardian

Registrar

Please mail original records to:

**Lebanon Community Schools
Records Department
485 S. 5th Street
Lebanon, Oregon 97355**