



ADMINISTRATION
Janet Schell, Principal
Matt Santala, Gianna Mrozak & Jordan Dennis, Assistant Principals

RECORD REQUEST

Previous School: _____ Previous District: _____
 School Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

According to the final regulations – Family Regulation Rights and Privacy Act (Buckley Amendment) dated June 17, 1976 – it is no longer necessary to obtain written consent to release records. It states that school officials, including teachers within the educational institution and officials of other schools in school systems in which the student may intend to enroll, may receive a student’s record without a written consent for such release.

The below named student has enrolled in the Oxford Community Schools. His/her records are needed to initiate educational placement. Please forward his/her complete school records including, UIC #, grade placement, health, scholastic, psychological reports, discipline records, IEP, MET, test records, credits, official transcripts and any other pertinent information to the school listed below:

Date Requested: _____

Student Last Name: _____ First Name: _____ Birth Date: _____ Grade: _____

PLEASE MAIL TO SCHOOL ADDRESS CHECKED BELOW, ANY QUESTIONS CALL # BELOW:

_____ Oxford Virtual Academy 176 S. Washington St., Oxford, MI 48371 Phone: 248-969-5194

_____ Oxford Schools Early College 176 S. Washington St., Oxford, MI 48371 Phone: 248-969-5194

_____ Please send all Special Education records to:

Oxford Community School 10 N. Washington St., Oxford, MI 48371
 Attn: Special Education Department
 Phone: 248-969-5000 Fax: 248-969-5016

Please be informed:

1. Parents have been notified and give consent to transfer the records as their signature below indicates.
2. Parents will have the right to request review of these records and challenge contents thereof.
3. Records will not be open to a third party without written consent of the parents.

Signature of Parent/Guardian

Date