



RECORD REQUEST

Previous School: _____ Previous District: _____

School Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

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:

Student Last Name: _____ First Name: _____

Birth Date: _____ Grade: _____

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

Oxford Virtual Academy 168 S. Washington St., Oxford, MI 48371 Phone: 248-969-5194

Oxford Schools Early College 168 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