



Mind-Full Meadows  
STEAM-Powered  
Learning Farm

## Request for Student Records

### Student(s) Information

Student(s) Name(s): \_\_\_\_\_

\_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

### Last School Attended Information

Name of Last School Attended: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Office Manager Email: \_\_\_\_\_

Please send complete information about the student(s) by forwarding the following records to the address indicated below within ten (10) business days of receipt of this request.

- Cumulative folder (attendance records, grade level, classroom test results, grades)
- Health record folder (hearing, vision, immunizations, etc.)
- Special Education records
- Please scan and email the following immediately to: [tiffany@mind-fulleducation.com](mailto:tiffany@mind-fulleducation.com):
  - \* Current IEP
  - \* Current eligibility statement(s)
  - \* Most recent evaluation report/assessment results
- Psychological testing results (educational, social, developmental information)
- Behavioral records
- Other special program records (TAG, McKinney-Vento, Title 1, 504, etc.)

In accordance with the Family Education Rights and Privacy Act of 1974 and Oregon state law, I hereby authorize the release of all records on the student(s) referenced above to the below referenced school.

Please note: Federal law 34 CFR 99.31(a) (2) does not require a parent signature for educational records to be sent to another school for purpose of enrollment or transfer.

\_\_\_\_\_  
Signature of School Designee

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Date of enrollment at Mind-Full Meadows: \_\_\_\_\_

Send records to:

**Mind-Full Meadows Attn: Tiffany J. Price 30779 Blanton Road, Eugene, OR, 97405**