

Centennial School District

18135 SE Brooklyn • Portland, OR 97236-1099 • 760-7990

RELEASE AND/OR EXCHANGE OF INFORMATION

As the Parent/Guardian of:
Student's Name _____ Date _____
Birthdate _____
ESIS # _____ Social Security # _____ Grade _____
Address _____ City _____ Zip _____
Phone _____

I authorize the release and/or exchange of confidential information between:

CENTENNIAL SCHOOL DISTRICT

AND

- Centennial Learning Center**
17630 SE Main Street
Portland, OR 97233
503-762-3202
- Butler Creek Elementary**
2789 SW Butler Road
Gresham, OR 97080
503-762-6100
- Lynch View School**
1546 SE 169 PL
Portland, OR 97233
503-762-3203
- Lynch Wood School**
3615 SE 174
Portland, OR 97236
503-762-3204
- Harold Oliver Primary Center**
15811 SE Main
Portland, OR 97233
503-762-3205

- Harold Oliver Intermediate Center**
15840 SE Taylor
Portland, OR 97233
503-762-3207
- Lynch Meadows School**
18009 SE Brooklyn
Portland, OR 97236
503-762-3208
- Pleasant Valley School**
17625 SE Foster Road
Portland, OR 97236
503-762-3209
- Centennial Middle School**
17650 SE Brooklyn
Portland, OR 97236
503-762-3206
- Centennial High School**
3505 SE 182
Gresham, OR 97030
503-762-6180
Counseling Dept. FAX:
503-762-6176

School

Street Address

City/Zip

Telephone

I hereby authorize and request that all records pertaining to the above named student be transmitted to Centennial School District 28 Jt. It is understood that this information will be used to develop the most suitable education program for my student. It is further understood that the records will be maintained and used in accordance with the laws of the State of Oregon and the Federal Family Education Rights and Privacy Act of 1974. I understand my right to review the records and to have a hearing to remove or correct any information that is inaccurate, misleading, or otherwise violates the student's right to privacy.

An explanation of parent rights regarding student records is on the reverse side.

Parent/Guardian/Student (age 18+) _____ Date _____