



Ph: 515-275-4034

Fax: 515-274-4537

## Request for Records

\_\_\_\_\_ has enrolled at Ogden Middle/High School in  
grade \_\_\_\_\_, birth date \_\_\_\_\_ . Please release the following information:

1. Official transcript
2. Grades earned at time of withdrawal (if student left before end of semester)
3. Cumulative folder, including birth certificate
4. All testing history
5. Health record, immunization card and dental record
6. Special Education records – please fax IEP immediately
7. Psychological, counseling or other pertinent information including behavior
8. Attendance, including last day of attendance
9. Current physical

NAME OF LAST SCHOOL ATTENDED:

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Address of School

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Federal Law 99.31 states: no parent signature is required for educational records sent to another educational agency.

Send Records To: [christine.oien@ogden.k12.ia.us](mailto:christine.oien@ogden.k12.ia.us)

OR

Ogden Middle School  
Attn: Christine Oien  
732 West Division Street  
P.O. Box 250  
Ogden, Iowa 50212-0250

\_\_\_\_\_  
Date