



## Permission for Release of Information

### To the parents:

Please complete the top section of this form then submit it to the records clerk of your child's current school or program. Do not send this form to Oak Hill School.

**Name of Student** \_\_\_\_\_

**Current School or Pre-School Grade** \_\_\_\_\_ **Academic Year** \_\_\_\_ - \_\_\_\_

*The student named above is a candidate for admission to Oak Hill School. I hereby authorize (name of current school):*  
\_\_\_\_\_ *to release copies of school records to Oak Hill School for the*  
*purpose of completing an application for admission.*

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### To the records clerk of the student's current school:

Please send copies of the following information to Oak Hill School at your earliest convenience:

1. Student's official progress or grade card, if applicable
2. Any recent testing results
3. Other records relevant to admission (behavioral, medical, and special education records)

### Oak Hill School

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