

**Columbia County Christian School**

56523 Columbia River Highway  
Warren, OR 97053  
(503)366-9209 Fax: 866-717-5568

**Request For Transfer of Student Records**

\_\_\_\_\_  
Previous School Date:

\_\_\_\_\_  
Fax number or email address of registrar 1<sup>st</sup> Request: \_\_\_\_\_ 2<sup>nd</sup> Request: \_\_\_\_\_

\_\_\_\_\_  
State and City of previous school Phone

**The following student is trying to enroll at Columbia County Christian School**

\_\_\_\_\_  
Last Name First Name M.I. Date of Birth Grade

Please email or fax the records listed below ASAP, to the extent that they exist:

Fax: 866-717-5568 E-mail: [adehaven@ccchristianschool.net](mailto:adehaven@ccchristianschool.net)

- Current Transcript
- Existing Grades
- IEP
- 504 Plan
- Immunization Record
- Discipline

Please mail the *entire* student file to: Columbia County Christian School  
56523 Columbia River Highway  
Warren, OR 97053

In accordance with ORS 326.575 we are requesting records for the student listed above. ORS 330-260 states that the district receiving this request shall transfer all education records no later than 10 days after receipt of request and include all records including behavioral records.

Should any of the requested records be on file in other departments, please forward this request to the appropriate office. If no records are on file, please explain below and return.

Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Thank you,  
Ashley DeHaven – Operations Director