



AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

Student Name: _____

Birth date: _____ Grade: _____ Date: _____

As parent/guardian of the above named student. I hereby authorize the mutual exchange of confidential information between NWCA and my child's old school.

Old School/Practitioner: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax: _____ Email: _____

Records to be included are:

Educational Record

Health

Parent/Guardian Signature

Behavioral Record

Transcript

Address

Other

City

State

Zip

Oregon Revised Statutes allow transfer of student progress records without penalty to any other school or educational institution upon receipt of notice of the student enrolling in said institution. (ORS 336.215)

Please send all Confidential Information to:

Northwest Chinese Academy

PO BOX 1711

Beaverton, OR 97075