



Islamic School of MET/Oregon Islamic Academy
 P. O. Box 283, Portland, OR 97207
 Phone#: (503) 579-6621
 Fax #: (503) 590-0201

For Office Use Only: Faxed on: _____ <input type="radio"/> First Request <input type="radio"/> Second Request <input type="radio"/> Third request

Request for Student Records

Student Information:

Student Name: _____ Date of Birth: _____ Current/Last Grade Completed: _____

Student Name: _____ Date of Birth: _____ Current/Last Grade Completed: _____

Parent/Guardian Full Name: _____ Cell #: _____

School Information:

Current/Previous School Name: _____ Phone #: _____ Fax #: _____

Parent Authorization Release:

I hereby give my permission for the requested educational records of the student(s) named above to be released and transmitted to the Islamic School of MET and Oregon Islamic Academy c/o Muslim Educational Trust (MET).

Parent's Printed Name: _____ Signature: _____ Date: _____

The student(s) named above has/have either been admitted to the Islamic School of MET/Oregon Islamic Academy, or their admission is pending the review of the records requested below.

We therefore hereby request the release of the following records for the above-named student(s):

- Please mail complete student cumulative file to MET, P.O. Box 283, Portland, OR 97207**
- Please email the items checked below to admin@metpdx.org or fax to (503) 590-0201**
 - Current transcript
 - Disciplinary records
 - Withdrawal grades if applicable
 - Teacher recommendation letters (attached)
 - Standardized test scores
 - Immunization records
 - Teacher narratives
 - Special Education or ELL records

Should any of these records be on file at other school district offices, please forward this request as needed. If no records are on file, please explain why below and kindly return.

Your timely reply is much appreciated. Thank you!

ISMET/OIA School Rep Signature: _____ Date: _____