Eugene School District 4J Request for Student Records for Deferred Action Process

Information About Person Requesting Records							
Full Name							
Address							
Phone Number							
Email							
Information About Student							
Family Name (Last Name)							
Given Name (Fir							
Middle Name							
Other Names – h							
names. Example:						1	
What 4J school is the student currently enrolled in? or current education status (other district, high school graduate)							
	rict, hi	igh school gi	aduate)				
Date of graduation							
Information Requested							
Most applicants only need records dating back to June 15, 2007. Please list where the student attended school from 2007 to 2012.							
		School y		Check if the		Name of the s	
Requesting offici		School y	<u>cai</u>	attended a		Name of the s	<u>cnoor(s)</u>
records for the s	ciiooi years:						
		2006-20	07				
		2007-20	80				
		2008-20	09				
		2009-20	10				
		2010-20	11				
		2011-20	12				
		Other					
		Other					
Other information	n						
requested							
RETURN TO: Paola Massingham, 4J Superintendent's Office, 200 N. Monroe St., Eugene OR 97402 Phone: 541-790-7717 Fax: 541-790-7711							
You will be contacted when your records are ready to pick up, or if more information is needed.							
Office H of 1		Data Da-	nocted.		Nama af Ch	eff.	
Office Use Only							ID:
	ID: Verification: Name:ID:						
revised 8/27/12	Full Name				S	ignature	