

Oxford Academy & Central School Request For Records



I hereby authorize _____
(Previous school)

(Address of previous school and Phone Number)

To forward the following records: Academic Psychological,
 Medical, CSE
 Social, Special Education records of:

STUDENT NAME _____ DOB _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

Sent to: _____

Phone or Fax Number: _____

Please Fax/Mail/Email Records ASAP to the following:

<p>Oxford Primary School (Grades UPK-4) Attn: Carly Hendricks P.O. Box 192 Oxford, N.Y. 13830 Phone: 607-843-2025 Ext. 3118 Fax: 607-843-7030 Email: chendricks@oxac.org</p>	<p>Oxford Middle School (Grades 5-8) Attn: Teresa Morley P.O. Box 192 Oxford, N.Y. 13830 Phone: 607-843-2025 Ext. 2518 Fax: 607-843-3211 Email: tmorley@oxac.org</p>	<p>Oxford High School (Grades 9-12) Attn: Ivy Davis P.O. Box 192 Oxford, N.Y. 13830 Phone: 607-843-2025 Ext. 1130 Fax: 607-713-4389 Email: idavis@oxac.org</p>	<p>Special Programs Attn: Kim Boyer P.O. Box 192 Oxford, N.Y. 13830 Phone: 607-843-2025 Ext. 2208 Fax: 607-843-3211 Email: kboyer@oxac.org</p>
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