

# 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. Stacey Whaley P.O. Box 192 Oxford, N.Y. 13830 Phone: 607-843-2025 Ext. 3118 Fax: 607-843-7030 Email: swhaley@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: 607-843-3241 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: 607-843-3241 Email: kboyer@oxac.org</p>
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