

# RELEASE OF RECORDS

I HEREBY CONSENT TO THE RELEASE OF ACADEMIC, HEALTH, ATHLETIC (SPORTS PHYSICAL) AND SPECIAL ED. RECORDS MAINTAINED BY:

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NAME OF PREVIOUS SCHOOL

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ADDRESS OF SCHOOL

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CITY

STATE

ZIP

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SIGNATURE OF PARENT OR GUARDIAN

## STUDENT INFORMATION

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LAST NAME

FIRST

MIDDLE

---

LAST GRADE IN SCHOOL

SCHOOL YEAR

BIRTHDATE

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CURRENT ADDRESS

CITY

STATE

ZIP

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PHONE

PLEASE MAIL/EMAIL THE RECORDS TO:

**E.S.**  
muges@usd357.org  
614 N. Merchant  
Belle Plaine, KS 67013  
(620)488-3976 fax  
(620)488-2617 phone

**M.S.**  
cgoble@usd357.org  
724 N. Merchant  
Belle Plaine, KS 67013  
(620)488-3391 fax  
(620)488-2222 phone

**H.S.**  
dbacon@usd357.org  
901 N. Main  
Belle Plaine, KS 67013  
(620)488-3536 fax  
(620)488-2421 phone

This request is being made because the above named student will be enrolling in Belle Plaine Schools for the 20\_\_\_\_ - 20\_\_\_\_ school year. Date: \_\_\_\_\_