



MANHATTAN-OGDEN USD 383

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

☐ **Amanda Arnold Elementary**
1435 Hudson Ave, Manhattan, KS 66503
785-587-2020; Fax 785-587-2023

☐ **Bluemont Elementary**
714 Bluemont, Manhattan, KS 66502
785-587-2030; Fax 785-587-2034

☐ **Frank Bergman Elementary**
3430 Lombard, Manhattan, KS 66503
785-587-2865; Fax 785-587-2869

☐ **Lee Elementary**
701 Lee, Manhattan, KS 66502
785-587-2050; Fax 785-587-2057

☐ **Marlatt Elementary**
2715 Hobbs, Manhattan, KS 66502
785-587-2060; Fax 785-587-2064

☐ **Northview Elementary**
300 Griffith Dr, Manhattan, KS 66502
785-587-2070; Fax 785-587-2075

☐ **Ogden Elementary**
PO Box 851, Ogden, KS 66517-0851
785-587-2080; Fax 785-587-2085

☐ **Oliver Brown Elementary**
4787 Jackies Way, Manhattan, KS 66502
785-587-2823; Fax 785-587-2829

☐ **Theodore Roosevelt Elementary**
1401 Houston, Manhattan, KS 66502
785-587-2090; Fax 785-587-2139

☐ **Woodrow Wilson Elementary**
312 N. Juliette, Manhattan, KS 66502
785-587-2170; Fax 785-587-2173

☐ **Susan B. Anthony Middle School**
2501 Browning, Manhattan, KS 66502
785-587-2890; Fax 785-587-2899

☐ **Dwight D. Eisenhower
Middle School**
800 Walters Dr, Manhattan, KS 66502
785-587-2880; Fax 785-587-2888

☐ **Manhattan High School**
2100 Poyntz Ave, Manhattan, KS 66502
785-587-2100; Fax 785-587-2138

Student Name

Last _____

First _____ Middle _____

Date of Birth _____ Grade _____

Previous School Name

Address

City _____ State _____ Zip Code _____

School Phone _____ School Fax _____

This information is requested for the purpose of enrollment of the above named student at Manhattan-Ogden USD 383. Please release all appropriate information listed below.
Information should be faxed or mailed to the school indicated on the left.

INFORMATION TO BE RELEASED:

- ☐ Complete Transcripts
- ☐ Current Withdrawal Grades (including grading scale)
- ☐ Assessment Scores
- ☐ Attendance & Discipline Records
- ☐ Copy of Birth Certificate
- ☐ Immunizations & Health Records
- ☐ Athletic Physical and/or KSHSAA (Transfer of Eligibility)
- ☐ Special Education Records (IEP, Title 1, 504, Gifted)
- ☐ Psychological Testing Results

I hereby authorize the release of all school records, including special education and psychological records to Manhattan-Ogden USD 383.

School Official Signature _____ Date _____

Parent/
Guardian Signature _____ Date _____

OFFICE USE ONLY

Date Requested _____ Date Received _____