

Request for Records

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, I hereby grant permission to:

Name of school _____

School phone (_____) _____ School fax (_____) _____

Address _____ City _____ State _____ Zip _____

To send copies of records to the school listed below: (Please check one)

- | | | |
|--|--|--|
| <input type="checkbox"/> School 1 Name
School 1 Address
School 1 City, State and Zip
School 1 Phone
School 1 Fax | <input type="checkbox"/> School 2 Name
School 2 Address
School 2 City, State and Zip
School 2 Phone
School 2 Fax | <input type="checkbox"/> School 3 Name
School 3 Address
School 3 City, State and Zip
School 3 Phone
School 3 Fax |
|--|--|--|

Student name _____ Current grade level _____ Date of birth _____

Please include all the school records according to K.S.A. 72-386 as stated below in section (C).

Section C (K.S.A. 72-386. School records of pupils, withholding prohibited; school district property, return or payment for exception; (c) The school records of each pupil are the property of the pupil and shall not be withheld by any school district. Upon request of a pupil or the parent of a pupil, the school records of the pupil shall be given to such pupil or parent, or upon transfer to a nonpublic school, shall be forwarded to another school district or nonpublic school. A pupil's records forwarded to another school district due to transfer will include original copies of all the student's records, including transcripts, grade cards, results of tests, assessments or evaluations, and all other personally identifiable records, files and data directly related to the pupil.)

The following records are specifically requested:

- | | | |
|---|--|--|
| <input type="checkbox"/> Transcript of grades | <input type="checkbox"/> Psychological evaluations | <input type="checkbox"/> Discipline records |
| <input type="checkbox"/> Health records | <input type="checkbox"/> Special education records | <input type="checkbox"/> Attendance records |
| <input type="checkbox"/> State KIDS # | <input type="checkbox"/> 504 Plan (if applicable) | <input type="checkbox"/> Sports physical (if applicable) |
| <input type="checkbox"/> State (Kansas) entry date | <input type="checkbox"/> ESOL information | <input type="checkbox"/> Birth certificate |
| <input type="checkbox"/> State assessment scores
(if applicable) | | |

Reason for release of records: _____

Signature of parent/guardian _____ Date signed _____

Office use only:

Date sent/faxed: _____ By school official