

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:

School 1 Name: _____ School 2 Name: _____

Address: _____ Address: _____

City: _____ State: _____ City: _____ State: _____

Zip: _____ Phone: _____ Zip: _____ Phone: _____

Fax: _____ Fax: _____

Student name	Current grade level	Date of birth
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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: Transcript of grades

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

Reason for release of records: _____

Signature of parent/guardian _____ **Date signed** _____