

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"/> Nottingham Elementary
1428 Elm St., Box 711
Eudora, KS 66025
785-542-4920
785-542-4930 (fax) | <input type="checkbox"/> Eudora West Elementary
1310 Winchester Rd., Box 602
Eudora, KS 66025
785-542-4940
785-542-4950 (fax) | <input type="checkbox"/> Eudora Middle School
2635 Church St., Box 701
Eudora, KS 66025
785-542-4960
785-542-4970 (fax) | <input type="checkbox"/> Eudora High School
2203 Church St., Box 712
Eudora, KS 66025
785-542-4980
785-542-4990 (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.)

- Transcript of grades
- Health records
- Psychological evaluations
- Special education records
- 504 Plan (if applicable)
- ESOL information
- State KIDS #

Reason for release of records: _____

Signature of parent/guardian _____ Date signed _____

Office use only:

Date sent / faxed: _____ By school official _____