

REQUEST AND CONSENT TO RELEASE EDUCATIONAL RECORDS

BUHLER HIGH SCHOOL ~ USD 313

611 N. Main, Buhler, KS 67522

Tele. No. 620-543-2249 or 620-543-2255, FAX No. 620-543-2147 or 620-543-2853

TO:

(School)

(Address)

(City, State)

(Telephone No.)

(Fax No.)

FROM:

*(Parent, Guardian or Eligible Student)**

Please Note: Under the provision of the Privacy Rights of Parents and Students Act (Federal Law 99.31), it is not necessary to have written consent of the parents to release records "to officials of schools in which the student seeks or intends to enroll".

REGARDING:

(Student)

We/I Hereby request that:

All records

Official transcript, courses, grades, credits, test scores, and attendance records

Health records

Special Education records, IEP, 504 (if applicable)

Other - specify:

of the above named student be mailed to the following address:

Signed:

*(Parent, Guardian or Eligible Student)**

Date:

***Eligible student means a student who has attained eighteen years of age, or is attending an institution of post secondary education.**