

REQUEST AND CONSENT TO RELEASE EDUCATIONAL RECORDS

*Prairie Hills Middle School ~ U.S.D. 313
3200 Lucille Dr., Hutchinson, KS 67502
Tele. No. 620-662-6027, FAX No. 620-694-1002*

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 or Guardian)

Date:
