



REQUEST FOR RELEASE OF STUDENT RECORDS

YES NO
PLEASE CIRCLE

TODAY'S DATE: _____

STUDENT ENROLLING IN GRADE: _____

IS STUDENT ON IEP YES NO

IS STUDENT ON 504 YES NO

STUDENT'S LEGAL NAME: _____ DATE OF BIRTH: _____

PRINTED NAME OF PARENT/GUARDIAN OF STUDENT: _____

SIGNATURE OF PARENT/GUARDIAN OF STUDENT: _____

LAST SCHOOL ATTENDED:

SUMMER MONTHS: SCHOOL YOUR CHILD WOULD HAVE PROMOTED TO:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CITY/STATE/ZIP: _____

LIST ANY OTHER SCHOOLS ATTENDED THIS SCHOOL YEAR: _____

THIS STUDENT HAS ENROLLED IN THE FOLLOWING HAYSVILLE USD 261 SCHOOL:

- | | | |
|-----------------------------------------------------------------------------------------------------------|------------------|-------------------|
| <input type="checkbox"/> CAMPUS HIGH SCHOOL, 2100 W. 55 TH ST. SO, WICHITA, KS 67217 | PH: 316-554-2236 | FAX: 316-554-2247 |
| <input type="checkbox"/> HAYSVILLE HIGH SCHOOL, 106 STEWART, HAYSVILLE, KS 67060 | PH: 316-554-2231 | FAX: 316-554-2328 |
| <input type="checkbox"/> HAYSVILLE MIDDLE SCHOOL, 900 W. GRAND, HAYSVILLE, KS 67060 | PH: 316-554-2251 | FAX: 316-554-2316 |
| <input type="checkbox"/> HAYSVILLE WEST MIDDLE SCHOOL, 1956 W. GRAND, HAYSVILLE, KS 67060 | PH: 316-554-2370 | FAX: 316-554-2270 |
| <input type="checkbox"/> FREEMAN ELEMENTARY SCHOOL, 7303 S. MERIDIAN, HAYSVILLE, KS 67060 | PH: 316-554-2265 | FAX: 316-554-2295 |
| <input type="checkbox"/> NELSON ELEMENTARY SCHOOL, 245 N. DELOS, HAYSVILLE, KS 67060 | PH: 316-554-2273 | FAX: 316-554-2275 |
| <input type="checkbox"/> OATVILLE ELEMENTARY SCHOOL, 4335 S. HOOVER, WICHITA, KS 67215 | PH: 316-554-2290 | FAX: 316-554-2292 |
| <input type="checkbox"/> PRAIRIE ELEMENTARY SCHOOL, 7101 S. MERIDIAN, HAYSVILLE, KS 67060 | PH: 316-554-2350 | FAX: 316-554-2357 |
| <input type="checkbox"/> REX ELEMENTARY SCHOOL, 1100 W. GRAND, HAYSVILLE, KS 67060 | PH: 316-554-2281 | FAX: 316-554-2283 |
| <input type="checkbox"/> RUTH CLARK ELEMENTARY SCHOOL, 1900 W. 55 TH ST. SO, WICHITA, KS 67217 | PH: 316-554-2333 | FAX: 316-554-2340 |
| <input type="checkbox"/> EARLY CHILDHOOD CENTER, 1745 W. GRAND, HAYSVILLE, KS 67060 | PH: 316-554-2233 | FAX: 316-554-2272 |

PLEASE SEND THE FOLLOWING:

- | | |
|-----------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> TRANSCRIPT OF PREVIOUS GRADES | <input type="checkbox"/> INDIVIDUAL EDUCATION PROGRAM (IEP) |
| <input type="checkbox"/> WITHDRAWAL GRADES | <input type="checkbox"/> PSYCHOLOGICAL TESTING |
| <input type="checkbox"/> HEALTH RECORDS | <input type="checkbox"/> ATHLETIC OR OTHER PHYSICAL |
| <input type="checkbox"/> ATTENDANCE RECORDS | <input type="checkbox"/> VERIFICATION OF DATE OF BIRTH |
| <input type="checkbox"/> TEST RECORDS | <input type="checkbox"/> GRADE THIS YEAR: _____ |
| <input type="checkbox"/> KSHSAA (TRANSFER OF ELIGIBILITY) | <input type="checkbox"/> KIDS STATE STUDENT ID NUMBER |

I, the undersigned, do hereby request and authorize (name of agency or person) _____ to release to the Office of Special Education Services, Haysville USD 261, 1745 W. Grand, Haysville, KS 67060 any medical, psychological, school, social or special education information concerning the above named student. I understand that the information thus obtained will be treated in a confidential manner.

Signature: _____ Relationship to Student: _____

Address/City/State/Zip: _____