

Wellsville Elementary School

Consent and Release of Records

218 Ash Street, Wellsville, KS 66092

Phone 785.883.2996 Fax 785.883.4850

Principal Laurey Logan – Counselor Dianna Mock

Student Name _____ DOB _____ Grade _____

Student Name _____ DOB _____ Grade _____

Student Name _____ DOB _____ Grade _____

Student Name _____ DOB _____ Grade _____

The above named student(s) has/have enrolled in WELLSVILLE ELEMENTARY SCHOOL.

We request the following information to be released/sent:

Cumulative Permanent School Records- Including, but not limited to: grade cards, standardized school test scores, birth certificate & social security number, and attendance records.

Health Records- Including, but not limited to: immunizations & physical.

Special Education Records- Please fax a copy of current IEP & mail copies of all other special education records.

Psychological Reports- Including, but not limited to: individual test scores and behavioral ratings.

School Releasing Records

Name of School _____

Principal _____

Address _____

Phone # _____ Fax # _____

Parent Information

Parent Name _____ Phone # _____

Parent Address _____

I hereby request and authorize you to release to Wellsville Elementary School all academic transcripts and school related records of all above said students.