

# Wellsville Elementary School

## Consent and Release of Records

218 Ash Street, Wellsville, KS 66092

Phone 785.883.2996 Fax 785.883.4850

Principal Jason Townsend – Counselor Katie Lynch

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.