



## STUDENT RELEASE OF RECORDS REQUEST

I authorize the release of all school records of:

\_\_\_\_\_  
(Student Name)

\_\_\_\_\_  
(State Student ID#)

\_\_\_\_\_  
(Parent/Guardian Printed Name)

\_\_\_\_\_  
(Birthdate)

\_\_\_\_\_  
(Grade)

Please send the records which are checked below:

- ☐ Permanent Records
- ☐ Grades
- ☐ Attendance Records
- ☐ Immunization Records
- ☐ Health Records

- ☐ Discipline Records
- ☐ Special Education File
- ☐ Standardized Test Results
- ☐ Other Records: Please include  
**Special Education Eligibility Report.**

☐ **YES**

☐ **NO**

**This student is currently in good standing.**

Address of school releasing student records:

\_\_\_\_\_  
(Name of School)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Phone #)

\_\_\_\_\_  
(Fax #)

REQUEST AUTHORIZED BY:

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(Parent or School Official Title)

\_\_\_\_\_  
(Date)

**Please send records to:**

**Wabaunsee Elementary**  
**215 E. 9th**  
**Alma, KS 66401**

**FAX: 785-765-3956**  
**CALL: 785-765-3349**  
**(for email)**