



Phone: 479-968-2650

1201 West 4th Place
Russellville, AR 72801
RUSSELLVILLE SCHOOL DISTRICT

UPPER ELEMENTARY 5TH GRADE Fax: 479-967-5538 Cathy Koch, Principal

DATE:

NAME AND ADDRESS OF SCHOOL PREVIOUSLY ATTENDED:

TO IT MAY CONCERN:

This is your authorization to furnish the Upper Elementary 5th Grade with medical records, psychological reports, test results, and other evaluations you may have regarding the health, welfare and educational progress of:

Name of Student	Grade	Date of Birth
-----------------	-------	---------------

I, _____, grant Russellville School District permission to retrieve or (Parent/Guardian Name)

send by facsimile the following records for my child,

(Student Name)

Birth Certificate Shot Records Social Security # Other: _____

The above student is attending Upper Elementary 5th Grade. We understand that this information will be held in the strictest confidence.

Thank you,

Cathy R Koch

Principal

Signature of Parent/Guardian