

Request and Consent to Release Educational Records

To: _____
(Previous School with Address)

From: _____
(Parent, Student, or Institution)

Regard: _____
(Legal Name of Student/Students, Grade and Birthdate)

Who had enrolled in Oakley Public Schools

We/I hereby request that:

Cumulative Folder
Anecdotal Teaching Records
Transcript
Health Records
Withdrawal Grades
Psychological Testing
Special Services Records

Of the above named student(s) please mail to the following address:

Oakley Elementary School
115 W. 6th
Oakley, KS 67748

I give permission for the release of records.

(Authorized Signature)

(Relationship)

(Address)

(Telephone)

(City, State, Zip)

(Date)