



**REQUEST FOR RELEASE OF STUDENT RECORDS**

PLEASE CIRCLE

TODAY'S DATE: \_\_\_\_\_

STUDENT ENROLLING IN GRADE: \_\_\_\_\_

IS STUDENT ON IEP    YES    NO

IS STUDENT ON 504    YES    NO

STUDENT'S LEGAL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN OF STUDENT: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN OF STUDENT: \_\_\_\_\_

LAST SCHOOL ATTENDED:

SUMMER MONTHS: SCHOOL YOUR CHILD WOULD HAVE PROMOTED TO:

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

LIST ANY OTHER SCHOOLS ATTENDED THIS SCHOOL YEAR: \_\_\_\_\_

**THIS STUDENT HAS ENROLLED IN THE FOLLOWING HAYSVILLE USD 261 SCHOOL:**

- |   |                  |                   |
|---|------------------|-------------------|
| <input type="checkbox"/> CAMPUS HIGH SCHOOL, 2100 W. 55 <sup>TH</sup> ST. SO, WICHITA, KS 67217           | PH: 316-554-2236 | FAX: 316-554-2247 |
| <input type="checkbox"/> HAYSVILLE HIGH SCHOOL, 106 STEWART, HAYSVILLE, KS 67060                          | PH: 316-554-2231 | FAX: 316-554-2328 |
| <input type="checkbox"/> HAYSVILLE MIDDLE SCHOOL, 900 W. GRAND, HAYSVILLE, KS 67060                       | PH: 316-554-2251 | FAX: 316-554-2316 |
| <input type="checkbox"/> HAYSVILLE WEST MIDDLE SCHOOL, 1956 W. GRAND, HAYSVILLE, KS 67060                 | PH: 316-554-2370 | FAX: 316-554-2270 |
| <input type="checkbox"/> FREEMAN ELEMENTARY SCHOOL, 7303 S. MERIDIAN, HAYSVILLE, KS 67060                 | PH: 316-554-2265 | FAX: 316-554-2295 |
| <input type="checkbox"/> NELSON ELEMENTARY SCHOOL, 245 N. DELOS, HAYSVILLE, KS 67060                      | PH: 316-554-2273 | FAX: 316-554-2275 |
| <input type="checkbox"/> OATVILLE ELEMENTARY SCHOOL, 4335 S. HOOVER, WICHITA, KS 67215                    | PH: 316-554-2290 | FAX: 316-554-2292 |
| <input type="checkbox"/> PRAIRIE ELEMENTARY SCHOOL, 7101 S. MERIDIAN, HAYSVILLE, KS 67060                 | PH: 316-554-2350 | FAX: 316-554-2357 |
| <input type="checkbox"/> REX ELEMENTARY SCHOOL, 1100 W. GRAND, HAYSVILLE, KS 67060                        | PH: 316-554-2281 | FAX: 316-554-2283 |
| <input type="checkbox"/> RUTH CLARK ELEMENTARY SCHOOL, 1900 W. 55 <sup>TH</sup> ST. SO, WICHITA, KS 67217 | PH: 316-554-2333 | FAX: 316-554-2340 |
| <input type="checkbox"/> EARLY CHILDHOOD CENTER, 1745 W. GRAND, HAYSVILLE, KS 67060                       | PH: 316-554-2233 | FAX: 316-554-2272 |

**PLEASE SEND THE FOLLOWING:**

- |   |   |
|---|---|
| <input type="checkbox"/> TRANSCRIPT OF PREVIOUS GRADES    | <input type="checkbox"/> INDIVIDUAL EDUCATION PROGRAM (IEP) |
| <input type="checkbox"/> WITHDRAWAL GRADES                | <input type="checkbox"/> PSYCHOLOGICAL TESTING              |
| <input type="checkbox"/> HEALTH RECORDS                   | <input type="checkbox"/> ATHLETIC OR OTHER PHYSICAL         |
| <input type="checkbox"/> ATTENDANCE RECORDS               | <input type="checkbox"/> VERIFICATION OF DATE OF BIRTH      |
| <input type="checkbox"/> TEST RECORDS                     | <input type="checkbox"/> GRADE THIS YEAR: _____             |
| <input type="checkbox"/> KSHSAA (TRANSFER OF ELIGIBILITY) | <input type="checkbox"/> KIDS STATE STUDENT ID NUMBER       |

I, the undersigned, do hereby request and authorize (name of agency or person) \_\_\_\_\_ to release to the Office of Special Education Services, Haysville USD 261, 1745 W. Grand, Haysville, KS 67060 any medical, psychological, school, social or special education information concerning the above named student. I understand that the information thus obtained will be treated in a confidential manner.

Signature: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_