



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 TH 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 TH ST. SO, WICHITA, KS 67217 | PH: 316-554-2333 | FAX: 316-554-2340 |
| <input type="checkbox"/> EARLY CHILDHOOD CENTER, 250 E. 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"/> PSYCHOLOGICAL TESTING |
| <input type="checkbox"/> WITHDRAWAL GRADES | <input type="checkbox"/> KSHSAA (TRANSFER OF ELIGIBILITY) |
| <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 (INCLUDE HGSS SCORES FOR GRADES 4, 7, & 11) | <input type="checkbox"/> GRADE THIS YEAR: _____ |
| <input type="checkbox"/> FAST BRIDGE (STUDENT AT A GLANCE REPORT) | <input type="checkbox"/> KIDS STATE STUDENT ID NUMBER |
| <input type="checkbox"/> INDIVIDUAL EDUCATION PROGRAM (IEP) | |

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: _____