

ELKHART HIGH SCHOOL

PO BOX 999
Elkhart, KS 67950-0999
(620) 697-2193
FAX (620) 697-4415

RELEASE OF RECORDS

Sending School _____ Date _____

Mailing address _____

Phone _____ FAX _____

Please send the following information for:

Name _____

Date of birth _____

___ Transcript

___ Medical Records

___ Cumulative Records-Please include Achievement and Aptitude tests

___ Psychological records (If applicable)

___ Recent disciplinary records (If applicable)

To:

Counselor, Elkhart High School Or FAX to (620) 697-4415

P.O. Box 999

Elkhart, KS 67950

This request is made because the above named student has or will be enrolling in Elkhart High School for the 20__ - 20__ school year.

“99.31 prior consent for disclosure not required”

(a) An educational agency or institution may disclose personally identifiable information from the education records of a student without the written consent of the parent of the student or the eligible student if the disclosure is (1) to other school officials, including teacher, within the educational institution or local educational agency who have been determined by the agency or institution to have legitimate educational interests; (2) to officials of another school or school system in which the students seeks or intends to enroll, subject to the requirements set forth in 99.34.

(Parent/Student Signature) (optional)

(School Official Signature)

(Date)

(Title)