

**KENT CITY SCHOOLS  
PARENTAL/STUDENT REQUEST FOR RELEASE OF RECORDS**

Student's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip Code

Previous School Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

I hereby give my consent to the release of the above named student's records to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check purpose for which the above person, school or agency is authorized to use the records:

\_\_\_\_\_ As needed to provide the services of the school or agency

\_\_\_\_\_ Other (please explain) \_\_\_\_\_  
\_\_\_\_\_

Please specify those records which are to be released:

\_\_\_\_\_ Official permanent records: name, address, birthdate, grade level, grades, attendance records, parental data, promotion/retention records

\_\_\_\_\_ Health Records

\_\_\_\_\_ IEP's

\_\_\_\_\_ Multi-factored Evaluation Reports

\_\_\_\_\_ School Progress Reports/Report Cards

\_\_\_\_\_ All State Diagnostic/Achievement Test Results (i.e. KRA-L, etc.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check one: \_\_\_\_\_ Parent \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Age of majority or emancipation

If not attending Kent City Schools, date last attended \_\_\_\_\_

.....  
**FOR SCHOOL USE ONLY**

Date Received \_\_\_\_\_ By \_\_\_\_\_

Date Data Released \_\_\_\_\_ By \_\_\_\_\_

Date Copies Mailed \_\_\_\_\_ By \_\_\_\_\_

(THIS FORM SHALL BE MAINTAINED AS PART OF THE STUDENT'S RECORD)

