



ROCKVILLE ELEMENTARY SCHOOL
 977 N. Rockville Rd.
 POB 219
 Louisburg, KS 66053
 Becky Bowes - Principal
 (913) 837-1970 FAX (913) 837-1978

AUTHORIZATION TO RELEASE PUPIL RECORDS

DATE: _____

TO: _____ Fax #: _____
 (SCHOOL LAST ATTENDED)

 (ADDRESS)

 (CITY, STATE, ZIP CODE)

STUDENT'S NAME: _____ BIRTHDATE _____

The above named student entered our school on _____ at the _____
 grade level and indicates he or she attended your school.

Please forward the following information:

Please fax over the
 necessary records marked
 and mail the additional
 information to us at your
 earliest convenience.
 Thank you!

- _____ School Cumulative Records
- _____ Transcript of credits and grades
- _____ Health Records **** please fax ****
- _____ Psychological Reports **** please fax ****
- _____ Special Education **** please fax ****

Pursuant to the Family Educational Rights and Privacy Act of 1974,
 I authorize the release of my child's records:

Parent/Guardian Signature _____ Date _____

According to the Final Regulations — Family rights and Privacy Act (Buckley Amendment), it is no longer necessary to obtain written consent to release records between schools. It states that school offices, including teachers with the educational institution and officials of other school systems in which the students may intend to enroll, may receive a student's records without a written consent for such release. I hereby consent to the release of the above-mentioned school records.