

Louisburg USD #416 School Records Request

Date		
To		<i>Last school attended</i>
		<i>Address</i>
		<i>City, state, zip code</i>

Regarding student	
Date of birth	
Grade level	

The above named student has enrolled at the following building and indicates he/she attended your school:

- Louisburg High School FAX #: 913.837.1799 ATTN: Records, PO Box 399, Louisburg 66053
- Louisburg Middle School FAX #: 913.837.1801 ATTN: Records, PO Box 308, Louisburg 66053
- Broadmoor Elementary FAX #: 913.837.1919 ATTN: Records, PO Box 367, Louisburg 66053
- Rockville Elementary FAX #: 913.837.1978 ATTN: Records, PO Box 219, Louisburg 66053

In accordance with 118.125(4) below, please forward all school records including all attendance records, IEP information, Standardized Test Results, Transcripts, Health records and Withdrawal grades. If an "In-State" transfer – please send all [Kansas Assessment Scores](#). Please send them to the appropriate address listed above.

(4) TRANSFER OF RECORDS. Within five working days, a school district shall transfer to another school or school district all pupil records relating to a specific pupil if the transferring school district has received written notice from the pupil if he or she is an adult or his or her parent or guardian if the pupil is a minor that the pupil intends to enroll in the other school or school district or written notice from the other school or school district that the pupil has enrolled or from a court that legal custody of the pupil has been transferred to the department of health and social services for placement in juvenile correctional facility. In this subsection "school" and "school district" include any state juvenile correctional facility which provides an educational program for its residents instead of or in addition to that which is provided by public and private schools.

Please forward the following information:

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

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

Thank you!

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 records.