

FOWLER UNIFIED SCHOOL DISTRICT #225

REQUEST FOR RELEASE OF RECORDS

Date: _____

Student's Name: _____

Date of Birth: _____ Social Security Number: _____

Parent/Guardians Name: _____

Previous School Name & Address: _____

This student, previously enrolled at your school has enrolled in USD #225, Fowler, Kansas, for the 20____-20____ school year.

Please send us the following records:

- _____ Cumulative Records
- _____ Health Records
- _____ Grade School Transcripts
- _____ Test Results
- _____ Counseling Records
- _____ Speech Records
- _____ Special Education Records

Signature: _____

(Parent/Guardian/School Official Signature)