USD 347

Kinsley-Offerle Junior/Senior High School

716 S Colony Kinsley, KS 67547

Phone: (620) 659-2126 Fax: (620) 659-2180

Request For Records

Student's Name		Gra	ade	
Student is transferring from	F	(School)		
	(Address)			
	(City)	(State)	(Zip Code)	
	(Phone)		(Fax)	
Parent(s), Guardian, *Eligible	student request and	d consent to release	educational records.	
I/We hereby request:				
All Records				
Courses, Grades, Credit		Specia t not limited to: State A	ID #, Birth Certificate, I Education Information Assessments, MAP, CTBS	n (IEP)
Of the above named student to	o be mailed or faxe	ed to the following a	ddress or fax number:	
1	Attn: 710 Kinsle	nior/Senior High S Charis Rice 6 S Colony ey, KS 67547 0-659-2180	chool	
It is not necessary for parents to sign Federal register, Part II HEW-Privac "99.31 prior consent for disclosure n	y Rights of Parents and			
An educational agency or institution without written consent of the parent including teachers, within the educat institution to have legitimate educati seeks or intends to enroll, subject to	of the student or the e tion institution or local onal interests; (2) to of	eligible student if the disc educational agency who fficial s of another school	closure is (1) to other school have been determined by he	officials, e agency or
Signed:(Parent, Guardian, Elig	gible Student, KJSHS (Counselor) Da	te:	-

^{*}Eligible student means a student who has attained eighteen years of age, or is attending an institution of post-secondary education.