## **USD 347 - Request for School Records**

## **Kinsley-Offerle Elementary**

Student's full name:		 	
Grade:	Date of Birth:	 	
Previous School:		 	
School Address:			
City:	State:	 Zip:	
	Fa		
		Faxed	)
USD 347 Employee Req	uesting Records:	 	
Parent/Guardian Signat	ure:	 	

Please include the following information as applicable:

- > Transcript Records
- ➤ Health Records
- > Test Scores (including all State Assessment Scores)
- > SIT or Student Improvement Team Records
- > Special Education Information

## Please forward the information to:

Kinsley-Offerle Elementary School

325 S. Elm

Offerle, KS 67563

Phone: 620-659-2866 Fax: 620-659-3468