



Olathe Public Schools

Olathe, Kansas 66063-2000

AUTHORIZATION TO RELEASE PUPIL RECORDS

Name of Student: _____ Grade: _____ Date of Birth: _____

Name & Address FROM WHOM RECORDS ARE BEING REQUESTED:

School: _____

Street: _____

City: _____ State: _____ Zip: _____

Name & Address TO WHOM RECORDS ARE BEING SENT:

School: _____

Street: _____

City: _____ State: _____ Zip: _____

DESCRIPTION OF RECORDS

- | | |
|---|--|
| <input type="checkbox"/> School Cumulative Records | <input type="checkbox"/> Current Report card |
| <input type="checkbox"/> Confidential (Sensitive) | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Health (student will be excluded from school
if health records are not received)
KSA 72-5208 | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Other: _____ | |

I authorize the release of the records indicated above

Parent - Guardian - Eligible Student

Date

Authorization obtained by: (Optional)

Signature

Date