

**PARK HILL SCHOOL DISTRICT  
CONSENT FOR RELEASE OF STUDENT INFORMATION**

District staff will respond to your request within three (3) business days following the day we receive your request. If you do not receive access within three (3) days, you will be given a reason for the delay.

Park Hill School District Location Requesting Records: \_\_\_\_\_  
(School Name)

PHSD School Phone: \_\_\_\_\_ PHSD School Fax: \_\_\_\_\_

Student Legal Name \_\_\_\_\_

Other Name Student is known by \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

I hereby authorize the Park Hill School District to:

Release information to \_\_\_\_\_

Receive information from \_\_\_\_\_

Name of School or Agency \_\_\_\_\_

Street \_\_\_\_\_

City, State and Zip \_\_\_\_\_

I authorize the release of the information indicated below for the purpose of:

\_\_\_\_\_  
\_\_\_\_\_

Please send the following information:

- |  |  |
|--|--|
| <input type="checkbox"/> Withdrawal grades                 | <input type="checkbox"/> Current Psychological                 |
| <input type="checkbox"/> Transcripts (grades, test scores) | <input type="checkbox"/> Social/Emotional Evaluation           |
| <input type="checkbox"/> Health/Medical Records            | <input type="checkbox"/> Current Educational Evaluation        |
| <input type="checkbox"/> Attendance Records                | <input type="checkbox"/> Current Individualized Education Plan |
| <input type="checkbox"/> Discipline Records                | <input type="checkbox"/> Other _____                           |

I give written consent for disclosure of personally identifiable information contained in educational records. I understand that parents or eligible students have the right to inspect and review educational records and may request copies of such records. Upon request, parents or eligible students may receive an explanation or interpretation and may seek to correct or amend information believed to be inaccurate.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School or Agency Official

\_\_\_\_\_  
Date

According to the Missouri Safe Schools Act, Section 167.020.7 RSMo., any school district receiving a request for records must respond within (5) business days of receipt of request and must include discipline records.

**\*\*Federal Law 99.21 states, "No parent signature required for education records sent to another educational agency."\*\***