

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

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:

- | | |
|---|--|
| _____ Withdrawal grades | _____ Current Psychological
Social/Emotional Evaluation |
| _____ Transcripts (grades, test scores) | _____ Current Educational Evaluation |
| _____ Health/Medical Records | _____ Current Individualized Education Plan |
| _____ Attendance Records | _____ Other _____ |
| _____ Discipline Records | |

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."****