

OAK GROVE R-VI SCHOOL DISTRICT
REQUEST/AUTHORIZATION TO RELEASE RECORDS

OAK GROVE R-VI SCHOOL DISTRICT • 601 SE 12th STREET • OAK GROVE, MISSOURI 64075 • 816.690.4156

- FAX TO:** Oak Grove High School (9-12) 816.690.3180 Oak Grove Primary School (K-2) 816.690.6984
 Oak Grove Middle School (6-8) 816.690.3976 Oak Grove Early Childhood Center 816.690.3885
 Oak Grove Elementary School (3-5) 816.690.8561

Student Name _____ DOB _____
Last First Middle

Grade _____ Student MOSIS ID (if applicable) _____ SS# _____ -- _____ -- _____

School/Person(s)/Agency _____

Address _____

City/State/ZIP _____

Phone _____ FAX _____

Please send the following within five days of receipt of this request:

- _____ Cumulative School Record – Transcript
- _____ Discipline/Intervention Records
- _____ Health/Immunization Records
- _____ Standardized Test Scores
- _____ Withdrawal Grades/Percentages
- _____ Current Legal Custody Papers, if applicable
- _____ Special Education Records (IEP, all testing, diagnostic summary, etc.)
- _____ 504 Eligibility/Plan
- _____ A+ Status
- _____ Other (Specify) _____

Is the above-mentioned student currently under suspension or expulsion from your district?
___ Yes ___ No If yes, please explain: _____

In accordance with the Family Education Rights and Privacy ACT (FERPA), a Federal law that is administered by the Family Policy Compliance Office (Office) in the U.S. Department of Education (Department), 20 U.S.C. § 1232g; 34 CFR Part 99, I hereby authorize the release of all records pertaining to the above named student to the person(s) or agency listed above. I understand that all information exchanged by these persons or agencies is confidential and will not be disclosed to any other party without the prior written consent of the parent or legal guardian except as permitted by law. Upon request, the school discloses education records without consent to officials of another school or school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer subject to the requirements of § 99.34. (§ 99.32 (a) (2)).

Parent/Guardian

School Official

Parent/Guardian

Title

Address

School Name

City/State/ZIP

School Address/Phone

Phone Date

City/State/ZIP