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 N	ligh School (<mark>9-12</mark>) Aiddle School (<mark>6-8</mark>) Ilementary School (816.690.3976		nary School (<mark>K-2</mark>) 816.690.6984 • Childhood Center 816.690.3885
Student	Name				DOB
	Last		First	Middle	
Grade		Student MOSIS	S ID (if applicable)		SS#
School/I	Person(s)/Agen				
	Address				
	City/State/ZIP				
	Phone			FAX	
Please s	send the follow		lays of receipt of this i		
		chool Record –	•	·	
	Discipline/Int	tervention Reco	rds		
	Health/Immu	ınization Record	S		
	Standardized	Test Scores			
	Withdrawal (Grades/Percenta	iges		
		I Custody Papers			
	_		· EP, all testing, diagnos	tic summary, etc.)	
		•	, 0, 0	,, ,	
	A+ Status	,			
		-v)			
	Other (Speen	,			
Is the ab	ove-mentione	d student currei	ntly under suspension	or expulsion from y	your district?
Yes	No	If yes, please e	xplain:		
U.S. Depart to the perso other party without con	tment of Education (on(s) or agency lister without the prior w nsent to officials of a	Department), 20 U.S.0 d above. I understand ritten consent of the p mother school or scho	C. § 1232g; 34 CFR Part 99, I he I that all information exchange parent or legal guardian excep	ereby authorize the release ed by these persons or age t as permitted by law. Upo eeks or intends to enroll, o	y the Family Policy Compliance Office (Office) in the e of all records pertaining to the above named student ncies is confidential and will not be disclosed to any on request, the school discloses education records or is already enrolled if the disclosure is for purposes of
Parent/Guardian				School Official	_
Parent/Guardian				Title	
Address				School Name	
City/State	/ZIP			School Address/Ph	none
Phone		Date		City/State/ZIP	