



BOONE COUNTY SCHOOLS

PARENTAL CONSENT FOR RECORD RELEASE

To Principal of: _____
(Name of Previous School)

(Address)

(City, State, Zip)

I am the parent/legal guardian of _____
(Name of Student) (DOB)

You are authorized to:

___ **Release the checked information**
___ **Release all information**

___ 1. Cumulative Records	___ 6. Gifted File
___ 2. General identifying data (Name, Address, DOB, Grade Level Completed, Grades, Class Standing, Attendance Record)	___ 7. Title I File
___ 3. Standardized Achievement and Aptitude Test Scores	___ 8. ESS File
___ 4. Medical/Health Records	___ 9. Limited English Proficiency/English as Second Language File
___ 5. Special Education Due Process File	___ 10. Record of Extra-Curricular Activities
	___ 11. Other (Specify) _____

To: _____

The reason for this request is:
___ Transfer to school due to change in residence
___ Other – Specify _____

Signature of Parent or Legal Guardian

Address City

Date Phone Number