



**BOONE COUNTY SCHOOLS**

**PARENTAL CONSENT FOR RECORD RELEASE**

To Principal of: \_\_\_\_\_  
(Name of 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
- 2. General identifying data (Name, Address, DOB, Grade Level Completed, Grades, Class Standing, Attendance Record)

- 3. Standardized Achievement and Aptitude Test Scores

- 4. Medical/Health Records

- 5. Special Education Due Process File

- 6. Gifted File

- 7. Title I File

- 8. ESS File

- 9. Limited English Proficiency/English as Second Language 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