



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