

MARSHALL COUNTY SCHOOLS

STUDENT RECORD RELEASE FORM

I, as a parent or guardian of _____
authorize and approve the release of all information concerning the educational
placement of my child, who is enrolling in grade _____ and whose birth date is
_____.

Records are in the custody of:

Records will be sent to:

_____ School

_____ Recipient

_____ Street

_____ Street

_____ City, State, Zip Code

_____ City, State, Zip Code

Information included:

1. _____ Grades and/or academic standing, credits (units)
2. _____ Psychological evaluation report
3. _____ Individual standardized Achievement Test Results
4. _____ Individual Education Program and Due Process forms
5. _____ Health forms
6. _____ Key to grading system
7. _____ Please include portfolio work if in the state of Kentucky

My signature below constitutes notice to me that this information will be disclosed only to the recipient listed above. I understand that I may inspect this information and/or records if I make application to do so through the Pupil Personnel Office.

Birth date of student if over 18 _____

Signed _____

Parent, Guardian or student (if 18)

(Required if recipient is not an exception as listed in KRS 160.720)

Address _____

_____ Date