



**REQUEST FOR RELEASE OF RECORDS**

I hereby give consent for: \_\_\_\_\_  
(School Name Coming From)

City, State: \_\_\_\_\_ to release the records of:

\_\_\_\_\_  
(Student Name) Last First Middle

\_\_\_\_\_ who has enrolled in \_\_\_\_\_ grade.  
(Birthdate)

Please send records to: Latham Elementary School  
156 School Street  
Latham, MO 65050

Phone: 660-458-6271 Fax: 660-458-6604

E-mail: [office@lathambraves.com](mailto:office@lathambraves.com)

- Records to be released:  cumulative academic record  
 health records (**please fax ASAP to 660-458-6604**)  
 achievement and educational diagnostic testing reports & IEP  
 discipline and/or attendance  
 any records including records pertaining to custody  
 migrant records  
 any other records

**Please advise if confidential records are to be obtained from a separate facility.**

yes  no: Does the student receive free or reduced lunches? (please include with records)

**FEDERAL LAW 99.31 states "NO PARENT SIGNATURE REQUIRED FOR EDUCATIONAL RECORDS SENT TO ANOTHER EDUCATIONAL AGENCY."**

\_\_\_\_\_  
Date School Official Signature

\_\_\_\_\_  
Date Parent or Guardian Signature

**Tracey Bieri - Elementary Principal**  
Phone: 660-458-6271  
Fax: 660-458-6604