

**MOSCOW SCHOOLS  
P.O. BOX 130  
MOSCOW, KS. 67952  
620-598-2224 (phone) 620-598-2296 (fax)**

**PERMISSION TO OBTAIN RECORDS**

Student's Name \_\_\_\_\_  
Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_  
Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_  
Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

- Please Send All Appropriate Records Below
- Transcript of Grades (Academic Records)
  - Attendance Records
  - Standardized Test Results
  - Educational Assessments
  - Speech/Language Assessments
  - All Health Records
  - Psychological Evaluation(s)
  - Social Work and/or Guidance Records
  - Individualized Education Program (IEP)
  - Other \_\_\_\_\_

I hereby authorize the release and/or exchange of records regarding the above named student/students between Moscow Schools and:

Former School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_