



# SUBLETTE MIDDLE / HIGH SCHOOL

PO Box 460 / 501 Ellis  
Sublette, Kansas 67877  
Phone: 620.675.2232  
Fax: 620.675.8347

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## REQUEST FOR RELEASE OF RECORDS

TO: \_\_\_\_\_  
(School)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (City, State & Zip Code)

I hereby authorize the above school to forward all school records for the following student(s):

Name: _____	Birthdate: _____
Name: _____	Birthdate: _____
Name: _____	Birthdate: _____

To: **Sally Bruce, Counselor**  
**Sublette Middle / High School**  
**PO Box 460**  
**Sublette, Kansas 67877**

*In accordance with the Family Educational rights and Privacy Act, I am willing to request that you release pertinent information concerning the above student(s). This information is to be used for planning appropriate educational programs for this student. It will be limited to the confidential use of professional personnel and will not be released to a third party without written consent of the parent(s)/guardian or student if over 18.*

Specific information authorized for release:

- Date of withdrawal, and grades at withdrawal.
- Cumulative academic record (letter grades and numerical credit)
- Grading system key (if needed).
- Attendance.
- Health and immunization records.
- Psychological tests and reports.
- Achievement and educational diagnostic testing reports.
- Special education records.
- Any other information that would be helpful in working with this student.

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Counselor or Principal

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Date