



REQUEST AND CONSENT TO REALEASE EDUCATIONAL RECORDS

BUHLER USD 313
406 West 7th, Buhler, KS 67522
Phone No. 620.543.2258, FAX 620.543.2510

TO: _____
(School)

(Address)

(City, State)

(Telephone No.) (FAX No.)

FROM: _____
(Parent, Guardian or Eligible Student)*

Please Note: Under the provision of the Privacy Rights of Parents and Students Act (Federal Law 99.31), it is not necessary to have written consent of the parents to release records "to officials of schools in which the student seeks or intends to enroll."

REGUARDING: _____
(Student)

We/I Hereby request that:

- _____ All records
_____ Official transcript, courses, grades, credits, test scores, and attendance records
_____ Health records
_____ Special Education records, IEP, 504 (if applicable)
_____ Other - specify: _____

of the above named student be mailed to the following address:

- [] Buhler Grade School 808 North Main Street Buhler, Kansas 67522
[] Plum Creek Elementary School 901 East 43rd Avenue Hutchinson, Kansas 67502
[] Union Valley Elementary School 2501 East 30th Avenue Hutchinson, Kansas 67502
[] Prairie Hills Middle School 3200 Lucille Drive Hutchinson, Kansas 67502
[] Buhler High School 611 North Main Street Buhler, Kansas 67522
[] Burkholder Administrative Center 406 West 7th Street Buhler, Kansas 67522

Signed: _____ Date: _____

*Eligible student means a student who has attained eighteen years of age, or is attending an institution of post secondary education.