

GLEN ULLIN PUBLIC SCHOOL

PO BOX 548

GLEN ULLIN, ND 58631-0548

701-348-3590 (Phone) 701-348-3084 (Fax)

_____REQUEST FOR RELEASE OF STUDENT RECORDS FROM GLEN ULLIN SCHOOLS.

_____REQUEST FOR RELEASE OF STUDENT RECORDS TO GLEN ULLIN SCHOOLS.

Date _____

1. Student Name _____ Age _____

Date of Birth _____ Previous/Current Grade _____

2. Student Name _____ Age _____

Date of Birth _____ Previous/Current Grade _____

3. Student Name _____ Age _____

Date of Birth _____ Previous/Current Grade _____

Please send the following information:

Basic identifying data, attendance data and academic data including transcripts

General administrative data and results of group or individual tests

Health/medical records and reports

Grades to date of leaving school

Special Education Information, assessments, and evaluations

Psychological Records

Other information in student records

Please send to:

_____ GLEN ULLIN PUBLIC SCHOOL _____

PO BOX 548

GLEN ULLIN, ND 58631-0548

PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

In accordance with Public Law No. 93-380 "Protection of Rights and Privacy of Parents and Students", I hereby authorize the release to the above named school any or all of the items listed.

Parent Signature

Date

Parent Address:

Street Address _____ City _____ State _____ Zip Code _____

Parent Phone Number _____(Home) _____(Office)