



Miskia Davis, Superintendent
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P. O. Box 70
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Rosie Gatlin, Exceptional Ed. Lead CM Director

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AUTHORIZATION TO RELEASE RECORDS

In accordance with the Family Education Rights and Privacy Act of 1974, the following school record information may be released or reviewed as specified below:

I authorize _____

FAX # _____ PHONE # _____

To release confidential school record information about

NAME OF STUDENT _____ GRADE _____ DATE OF BIRTH _____

CLIENT/PATIENT NUMBER _____

As specified below to:

NAME OF REQUESTOR _____ TITLE _____

Please send the following additional information (if available)

Individual Psychological Test/Report Assessment Team Report/Test Data
 Medical Records Eligibility Report/Determination

Other _____ Individual Education Plan (IEP)

I give my consent for the Sunflower County Consolidated School District to request the above mentioned student's records:

SIGNATURE OF PARENT/GUARDIAN

DATE

ADDRESS

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Parent permission is no longer required when records are requested by authorized school personnel, Family Education and Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Volume 41, No. 118, page 24673.
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Please mail to the Sunflower County Consolidated School District address to attention of requestor or fax records to 662-887-7042