

BALLARD COUNTY SCHOOLS

STUDENT RECORD RELEASE FORM

As a parent or guardian of \_\_\_\_\_, I authorize and approve the release of all information concerning the educational placement of my child, who is enrolling in grade \_\_\_\_\_ and whose birth date is \_\_\_\_\_.

Records are in custody of:

Records will be sent to:

\_\_\_\_\_  
School

\_\_\_\_\_  
School

\_\_\_\_\_  
Street

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

This information should include:

1. Grades and/or academic standing, credits (units)
2. Psychological evaluation report
3. Individual standardized achievement test results
4. Individual Education Program and Due Process forms
5. Health forms
6. Key to grading system
7. Please include portfolio work if student previously attended school in the state of Kentucky.

My signature below constitutes notice to me that this information will be disclosed only to school personnel who have a legitimate educational interest in my child. I understand that I may inspect this information and/or records if I make application to do so through the Pupil Personnel Office.

Signed \_\_\_\_\_  
Parent or Guardian, Student (if 18)

Birth date of student if over 18 \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Date