**Sumner County Educational Services, Interlocal 619**

2612 N. A St., Wellington, KS 67152

620-326-8935

**REQUEST FOR STUDENT RECORDS RELEASE**

Release of Records for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

Note to Parents/Legal Guardians: Parents, legal guardians, or students 18 years of age and older have prescribed legal rights of access, including the right to appeal, pertaining to education records of students as set forth by Section 438 of the Family Rights and Privacy Act. Complete information regarding such rights have been made available. Should you have further questions, you may contact the Director of Special Education or any other school administrator. I have read and understand the above and do hereby request and authorize the release of these records by my signature below.

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| 1. | Student requesting records personally. | STUDENT (18+):  I have received my special education records from Sumner County Educational Services, Interlocal 619 on\_\_\_\_/\_\_\_\_\_/\_\_\_\_.  Signature: Date: |
| 2. | Student requesting records to be collected by agent. | AGENT FOR STUDENT (18+):  I have received special education records from Sumner County Educational Services, Interlocal 619 on \_\_\_\_/\_\_\_\_/\_\_\_\_, for the above-named student. Written permission from student attached.  Signature: Date: |
| 3. | Parent/legal guardian requesting records personally. | PARENT/LEGAL GUARDIAN:  I have received special education records from Sumner County Educational Services, Interlocal 619 on \_\_\_\_/\_\_\_\_/\_\_\_\_, for the above named student.  Signature: Date: |

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| *Type of Identification Presented:* | *Reviewed by:* | *Date:* |

Documentation attached, if needed.