



REQUEST FOR RECORDS

Date: _____

Previous School: _____

Street Address: _____

City, State, Zip: _____

Phone #: _____

Fax #: _____

_____, born on _____, enrolled at our
(Student Name) (Birthdate)

McAuliffe Elementary on _____ at the _____ grade level.
(Date)

Please forward his/her academic, health and special education records (if applicable) to us at the address shown below.

Christa McAuliffe Elementary School
Attn: Secretary
15600 W. 83rd Street
Lenexa, KS 66219
913-993-3500 (Phone)
913-993-3599 (Fax)

Sincerely,

Michael Orr

Michael Orr, principal

I hereby authorize the release of student records as requested above.

Date

Signature of Parent/Guardian