



REQUEST FOR RECORDS

Date: _____

Previous School: _____

Street Address: _____

City, State, Zip: _____

Phone #: _____

Fax #: _____

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

Overland Park 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.

Overland Park Elementary School
Attn: Secretary
8150 Santa Fe Drive
Overland Park, KS 66204
913-993-4200 (Phone)
913-993-4299 (Fax)

Sincerely,

Karen Faucher, principal

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

Date

Signature of Parent/Guardian