

HERALD WHITAKER MIDDLE SCHOOL

221 Hornet Drive, Salyersville, KY 41465

Garland Yates, Principal

REQUEST FOR EDUCATIONAL RECORDS

Date: _____

School Last Attended: _____

Address: _____

City, State, Zip: _____

Please send the educational records of the following student(s):

<u>Student Name</u>	<u>Grade</u>	<u>Birthdate</u>
1.		
2.		
3.		
4.		

These records should be sent to the following address:

Herald Whitaker Middle School

221 Hornet Drive

Salyersville, KY 41465

Attn: Bonnie Dyer, Counselor

(606) 349-5190

(606) 349-5139-Fax

This transfer is provided for in the Family Educational Rights and Privacy Act of 1974. Regulations do not require an acknowledgement from the parent or eligible student that he or she has received notification before records may be released to other educational institutions.

MAGOFFIN COUNTY SCHOOL DISTRICT
CONSENT FOR RELEASE OR EXCHANGE OF INFORMATION

Name of Student _____ Birthdate _____

The _____ Schools is hereby authorized to contract:

Agency/Representative: _____

Address: _____

Phone Number: _____

For the following Reasons:

- To release a copy of the indicated record(s) to the Agency/Representative
- To obtain a copy of the indicated record(s) from the Agency/Representative
- To discuss Information in the indicated record(s) with the Agency/Representative
- To permit the inspection of the indicated record(s) by the Agency/Representative

Check applicable records and specify the reason for release or exchange of information:

RECORDS

PURPOSE OF DISCLOSURE

- All Cumulative Records _____
- Attendance Records Only _____
- Grade Records Only _____
- Standardized Test Data Only _____
- Due Process Records _____
- Medical Information _____
- Other (Please Specify) _____

Signature of Parent/Guardian/Student over 18

Date

Signature of School District Representative

Date