



**Authorization for Release of Records**

**Form: RM 1**

This form is to be used to request transcripts and records for students who last attended the SJSD. Please be advised that the form must be fully completed and failure to do so may result in delay of processing. The Saint Joseph School District follows the Family Educational Rights and Privacy Act (FERPA) and will only release records to students who are 18 years of age or older. Parents and Guardians requesting school records for students under the age of 18 must present proper identification. Any other parties requesting transcripts and school records must provide proper authorization and identification.

In compliance with *Family Educational Rights and Privacy Act of 1974(FERPA)*, I hereby authorize \_\_\_\_\_ or St. Joseph School District Records Center to release the  
(School Name)

student records (specified below) for \_\_\_\_\_, \_\_\_\_\_.  
(Student Name) (Date of Birth)

Method of Disclosure:     Inspection     Copy

Purpose of Request: Employment  Education  Personal Use  Immigration/Deferred Act  Other: \_\_\_\_\_

**Content of Student Record:** (Please check all document types to be released.)

<input type="checkbox"/>	Transcript/ Grade Report Card	<input type="checkbox"/>	*Attendance/Transfer History
<input type="checkbox"/>	Birth Records	<input type="checkbox"/>	*Summary of Immunization
<input type="checkbox"/>	All Cumulative Records	<input type="checkbox"/>	*Discipline Report
<input type="checkbox"/>	Test-MAP, ACT, SAT	<input type="checkbox"/>	*Special Service IEP/Evaluation

\*Please note that the above identified records are not permanently retained as stated in State of Missouri Regulations.

**Please RELEASE (send) Student Record information to:**

Name: _____ Address: _____ City, State: _____ Zip: _____ Telephone: _____ Fax: _____ Email: _____	Name: _____ Address: _____ City, State: _____ Zip: _____ Telephone: _____ Fax: _____ Email: _____
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\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian/Student (If 18 or over))

Please securely fax or mail this completed/signed form to the school or to the Records Department.

Records Department  
 2725 Pear Street  
 St. Joseph, MO 64503  
 Telephone: 816.671.4070  
 Fax: 816.671.4071  
 Email: [records.manager@sjsd.k12.mo.us](mailto:records.manager@sjsd.k12.mo.us)

**For Office Use Only:**  **PHOTO IDENTIFICATION PRESENTED**

Request Fulfilled by:  Mail  Secured Fax  Email  Issued to requestor

Date Completed: \_\_\_\_\_ Initials: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ # of Pages: \_\_\_\_\_

\*Fee: \$.10 per copy Acceptable Payment: Cash, Checks or Money Orders payable to the St. Joseph School District  
 Revised: 7/12/2021