



Records Request

Please return this form- Mize Elementary will request the records.

Last School Attended: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax Number: _____

Student's Legal Name: _____ Grade: _____ DOB: _____

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Permission is hereby given for the release of all information concerning *my* student(s), listed above.

Parent/Guardian Signature

Relationship to Student

Date

Please mail, fax or email the following information:

Official transcript of grades

Birth certificate

Attendance records

Discipline records (if any)

Records from prior schools

Test scores

Health Records

Special Education records if applicable and any other pertinent information regarding the above student(s) to:

Mize Elementary School
7301 Mize Boulevard
Shawnee, KS 66227
913-441-0880 -- 913-441-9452 Fax
jminiha@usd232.org