



**FAYETTE R-III SCHOOL DISTRICT  
704 LUCKY STREET FAYETTE, MO 65248  
660-248-3800**



**PERMISSION FOR OBTAINING AND RELEASING STUDENT INFORMATION**

*Parent/Legal Guardian: Complete the following information, then **sign** at the bottom of the page.*

Date of Request \_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_

We request the release of the following information from:

School/Agency \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

**SEND TO: Daly/Clark Office      FAX: 660-248-2610      Attn: Jordan Potter**

**If you have the capability to scan and email: [jpotter @fayetteschool.org](mailto:jpotter@fayetteschool.org)**

**Please provide the following information as required by the Safe Schools Act passed by the Missouri Legislation:**

- Cumulative permanent school records
- Psychological reports
- Health records
- Attendance records
- Special Education records including: **active IEP** and current diagnostic summary
- Other (Specify): \_\_\_\_\_
- ❖ Is there a **Reading Success Plan** for this student? \_\_\_\_\_
- ❖ Is there a **504 Plan** in place for this student? \_\_\_\_\_
- ❖ Is the above student currently on an **IEP (Individual Education Program)**? \_\_\_\_\_

Start date:  
\_\_\_\_\_

**Was this student on a Free/Reduced lunch plan?** \_\_\_\_\_