

**Unified School District #368
Paola, Kansas 66071**

AUTHORIZATION FOR RELEASE OF INFORMATION

Student Name: _____ Current Grade: _____

Date of Birth: _____

Is this child in Special Education? ___Yes ___No

Last School Attended:

School Name _____

Address City, State _____

Fax/Phone _____

I hereby authorize and request you to release information regarding my child to USD 368, Paola High School. That information includes all official records: **State ID#, withdrawal grades, transcript, assessment scores, attendance records, disciplinary records, test results, health records, athletic eligibility, special education records, psychological test results** and any other data directly related to this student. I also authorize you to release any information regarding my child to any Guidance or Administrator of Paola USD 368.

Parent or Guardian's Signature

Date

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REGISTRAR:

Please send records to: Paola High School
401 N. Angela Dr
Paola KS 66071
Phone: 913-294-8017
Fax: 913-294-8011

Sheila Majors, Registrar

Date Requested