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RECORDS RELEASE FORM

Date _____

I, parent or guardian of _____ do hereby authorize the
release

of the following school records

___ Psychological Test Results

___ A Transcript of Grades

___ Cumulative Records

___ Test Results

___ Health Records

___ Special Ed Records

_____ KIDS ID No.

Parent's Name _____

Parent's Address _____

Previous Address _____

Previous School _____

Previous School Address _____

Phone No. _____ FAX# _____

Parent's Signature _____

Send to: **Goessel Elementary School**
P.O. Box 68
Goessel, KS 67053