PERMISSION TO RELEASE INFORMATION

I, the undersigned, give permission for the officials of the Blue Springs R-IV School District to release all information relative to my child named below. I understand a copy of this information is available to me upon request.

_____ _____

Student's Name

Year of Graduation
(or class year you could have graduated)

_____

Street Address

_____

City & State Zip Code

_____ _____

Telephone Number

Maiden Name or Name You Attended School

TYPE OF RECORD REQUEST (circle one) **OFFICIAL** **UNOFFICIAL**

Please send records to:

_____

Name of School or Agency

_____

Address of School or Agency

_____

City & State Zip Code

Will pick up records on: _____

_____ _____

Signature of Student – If Age 18

Today's Date

_____

Signature of Parent/Guardian required if Student is under 18

_____ $4. Fee paid

_____ Date Mailed or taken