# Authorization to Release of Records

From: Missouri City ELementary School
700 E Main PO Box 259
Missouri City MO 64072
(816) 750-4391
email : teresa@mocity.k12.mo.us

Name of Student_____

Date of Birth _____ Grade _____ Sex _____

I hereby authorize any Physician, Hospital, School, Social Agency or Institution having medical, psychological, school or social records concerning the above named child., to whom I bear a parental or guardianship relation, to release information to Missouri City Elementary School.

Signature of Custodial Parent/Legal Guardian _____

Address _____

Name of last school your child attended _____

Address _____

## REQUEST FOR STUDENT RECORDS

Please send the following information to Missouri City Elementary School:
Permanent Record Car4d, Cumulative Folder, Testing Results, Health Records, Most Recent Grades, Scope of any special help given, Personal Comments, and all other information pertinent to this child's educational program.

Missouri Safe Schools Attachment
Please answer the following by circling Y(yes) or N(no) as appropriate

| | | |
|---|---|---|
| Y | N | Has this student ever been charged with or convicted of a felony? (if yes, explain) |
| Y | N | Has this student ever been adjudicated (appeared before a judge) to have Committed an act, if said act committed by an adult, would be one of the Following: 1st degree assault, rape, sodomy, robbery, distributution of drugs, Arson, or kidnapping? (if so, explain) |
| Y | N | Is this student currently under suspension or expulsion (167.171(3)(4))? (if so, explain) |
| Y | N | Has this student ever been suspended or expelled from school? (if so, explain) |

I/we certify to the best of my/our knowledge, the information given on this form and the enrollment form is correct and complete as it pertains to the student disciplinary history with regard to suspensions from school and to expulsions from any school for any offense in violation of board policies relating to weapons, alcohol,m or drugs or for the willful infliction of injury to another person. I/we further acknowledge and accept responsibility for the consequences of submitting false statements or information for the purpose of enrollment.

_____ _____
Custodial Parent/Legal Guardian Date