

CHILLICOTHE R-II SCHOOLS
Superintendent's Office
1020 Old Highway 36 W., P O Box 530
Chillicothe, MO 64601
Phone: 660-646-4566 Fax: 660-646-6508

Consent for Release of Records

To: _____ Re: _____
(Former) School Name Student Name

Address Date of Birth

Phone Number Fax Number

The above mentioned student has enrolled in Chillicothe R-II Schools. Please forward the following:

Cumulative permanent records Attendance
Current withdrawal grades Discipline
Health records Psychological evaluations: test records
Immunization records Gifted records
MOSIS number
Special Education records including active and current Diagnostic Summary

The Missouri Safe School Act requires that discipline records be sent if the student was involved in any type of school suspension, expulsion, or alternative placement in violation of the Missouri Safe Schools Act.

Authorization is hereby granted for the release of the above student's records to the mailing address or fax number listed.

Signature of Parent/Legal Guardian Date Requested

Please send records to the address or fax listed below.

Thank you,