



Please return this form to:

City of Fountains School
PO Box 140441
Kansas City, MO 64114
Administrator@CityOfFountainsSchool.org
(816) 839-5756

PERMISSION TO RELEASE SCHOOL RECORDS

To School Administrator, City of Fountains School

Student's name

Grade

I grant permission to:

Name of Student's Current (or most recent) School

Street Address

City

State

Zip

to release a copy of my child's school record, including the following information, to City of Fountains School.

Official Administrative Record (name, address, birth date, grade level completed, grades, attendance)

Teacher and/or Counselor Observations and Comments

Intelligence and Aptitude Test Scores

Family Background Data

Medical Records

Psychological Testing, Diagnostic and Evaluation Reports

Any other information that would affect the student's ability to be successful at City of Fountains School. This would include disciplinary and behavioral records.

Other

Parent's signature

Date

Parent(s): please sign and submit this form to your child's current (or most recent) school.