

# Clifton-Clyde High School



616 N. High Street  
Clyde, Kansas 66938-9637  
Phone: 785-446-3444  
Fax: 785-446-3458

## REQUEST FOR RELEASE OF EDUCATIONAL RECORDS

TO: \_\_\_\_\_

FAX #: \_\_\_\_\_

FROM: CLIFTON-CLYDE HIGH SCHOOL

STUDENT: \_\_\_\_\_

WHO HAS OR WILL BE ENROLLED IN THE CLIFTON-CLYDE SCHOOLS.

We hereby request that:

- ALL RECORDS
- COURSES, GRADES, CREDITS, ATTENDANCE
- HEALTH RECORDS (including immunization records)
- OTHERS – SPECIFY: \_\_\_\_\_

of the above named student be mailed to the above address.

According to the Final Regulations--Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records. It states that school officials in which a student intends to enroll may receive the student's record without a written consent for such release.

COMMENTS: \_\_\_\_\_

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