



Sidney Community School District

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BOARD OF DIRECTORS: **Renee Johnson**, President; **Justin Travis**, Vice-President, **Megan Franks**, **Teresa Graham**, and **Darynn Ruiz**

RELEASE OF STUDENT RECORDS TO SIDNEY ELEMENTARY

Former School _____

Address/City/State/Zip _____

Phone# _____ Fax# _____

Request for transfer of educational records between schools-Senate Bill 102, article 5, Section 10947.
Re: Privacy of Pupil Records. Parental release NOT required for the transfer of educational records between schools.

Records are requested for the following students:

_____	DOB _____	Grade _____
_____	DOB _____	Grade _____
_____	DOB _____	Grade _____
_____	DOB _____	Grade _____

Parent/Guardian Signature _____

RECORDS REQUESTED:

- | | |
|---|--|
| Health/Immunization History | Speech & Language Records |
| Proof of Birth Certificate | Expulsion or Suspension Records |
| Complete Educational Records | Staffing & Placement Records |
| Social & Family History | Grades to Date of Leaving |
| Psychological Reports & Evaluations | Available Test Data |
| Classroom Observations | IEP or 504 Plan |
| Adaptive Behavior/Personality/Interests | Occupational or Physical Therapy Reports |

REQUESTED BY:

_____	_____	_____
Name	Position	Date

Records can be emailed to: aspurlock@sidney.k12.ia.us

Thank you!

