

STUDENT RECORD RELEASE - PARKSIDE

Current Grade/Graduation Date _____

Re: _____
(Student Name) (Maiden Name, if applicable) Birth Date

To: _____
Person(s) or Agency

Address

City State Zip Code

CERTIFICATION OF KNOWLEDGE OF INTENT TO TRANSFER STUDENT RECORDS AND KNOWLEDGE OF RIGHTS

I hereby authorize Bethalto CUSD #8 to **release / obtain / transfer (circle one)** the following as marked, and certify that I have been notified of Unit District #8's intent to release / obtain / transfer such records:

_____ academic records _____ standardized test scores _____ Social Security/other (use reverse side if necessary for further explanation)
_____ psychological and special education information _____ health records _____ IL. Good Standing Form
_____ birth certificate _____ withdrawal grades

I also certify that I am aware of my right to receive a copy of these records at \$.25 per sheet if desired and to challenge their content.

Date

Signature

NOTICE TO PERSONS OR AGENCIES RECEIVING STUDENT RECORDS:
Section 438 (b) (4) (B) of the U.S. Public Law 93-380 requires that the enclosed personal PUPIL RECORD information be transferred to you only on condition that you will not permit any other party to have access to it without the written consent of a parent, legal guardian, or the student, if applicable.

According to Final Regulations -- *Family Education Rights and Privacy Act (Buckley Amendment)* dated June 17, 1976, it is no longer necessary to obtain written consent to release records. When a student has indicated his/her intention to enroll, the up-dated regulations state that student records may be exchanged between educational institutions without written consent for such a release.

Official Use Only
_____ Date Mailed/Faxed/Picked Up
_____ Signature

For Regular Education Records please send to:
Attn: School Secretary
Parkside Primary School
600 East Central Street
Bethalto, IL 62010
Phone: 618-377-4100 Fax: 618-551-7791

For Special Education Records please send to:
Attn: Student Services Secretary
Bethalto CUSD #8
610 Texas Blvd
Bethalto, IL 62010
Phone: 618-377-7200 Fax: 618-551-7674