

St. Xavier Catholic School
200 North Washington Street
Junction City, KS 66441
Office 785-238-2841 Fax 785-238-5021
office@saintxrams.org

Parent Authorization for Release of Records

School Attended _____ City, State _____

_____ has enrolled at St. Xavier Catholic School.
St. Xavier Catholic School has requested the following documents be forwarded to the Registrar.

_____ Cumulative Folder

_____ Transcript

_____ Health Records

_____ Individual Learning Plan

_____ Date of Entrance

_____ Date of Exit

_____ Any records that resulted in the student's suspension or expulsion from your school for the previous three years and a key to the specific codes.

_____ If the student left before the close of a semester, please list the subject he/she was taking and the grades to the date of leaving.

Public Law 93-380, regarding the "Release of School Records" has been modified by SB 182, Article 5, and Privacy of Pupil Records, 10947, which reads:

A school district is not authorized to permit access to public records to any person without parental consent or under judicial order except that: (a) Access shall be permitted to the following: Officials and employees of other public schools or school systems including local, County or state correctional facilities where educational programs leading to high school graduation are provided. Or where the public intends to or is directed to enroll, subject to the rights of parents is provided in Section 10939.

SIGNATURE _____ DATE _____
(PARENT, GUARDIAN, ELIGIBLE STUDENT OR AUTHORIZED OFFICIAL)