

REQUEST FOR RELEASE OF RECORDS

**BROOKFIELD R-III SCHOOL DISTRICT
BROOKFIELD, MO 64628**

NAME AND ADDRESS OF FORMER SCHOOL:

_____ PHONE: _____

_____ FAX: _____

The following student(s) have enrolled in our school system, therefore, we request the release of all information listed below (if applicable):

- official school transcripts/records
- health records
- diagnostic evaluation report
- 504 accommodation plan
- any additional information pertinent to the student's educational placement
- discipline records
- achievement test scores
- individual educational programs
- physician/psychological reports

Student's Name: _____ Grade _____

Student's Name: _____ Grade _____

Student's Name: _____ Grade _____

PLEASE FAX IMMUNIZATION RECORDS AS SOON AS POSSIBLE.

PLEASE MAIL RECORDS TO:

**Brookfield R-III Middle School
126 Pershing Road
Brookfield, MO 64628
Telephone: (660) 258-7335
FAX: (660) 258-3064**

Signature of Parent/Guardian: _____

Date: _____

Release was: ___ mailed ___ faxed
Date Sent: _____
Sent By: _____