



FAYETTE R-III SCHOOL DISTRICT
704 LUCKY STREET FAYETTE, MO 65248
660-248-3800



PERMISSION FOR OBTAINING AND RELEASING STUDENT INFORMATION

*Parent/Legal Guardian: Complete the following information, then **sign** at the bottom of the page.*

Date of Request _____

Student's Name _____

Date of Birth _____ Current Grade _____

We request the release of the following information from:

School/Agency _____

Address _____

Telephone _____

Fax _____

SEND TO: Daly/Clark Office FAX: 660-248-2610 Attn: Lisa Gebhardt

If you have the capability to scan and email: lgebhardt@fayette.k12.mo.us

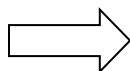
Please provide the following information as required by the Safe Schools Act passed by the Missouri Legislation:

- Cumulative permanent school records
- Psychological reports
- Health records
- Attendance records
- Special Education records including: **active IEP** and current diagnostic summary
- Other (Specify): _____

Start date:

❖ Is there a **504 Plan** in place for this student? _____

❖ Is the above student currently on an **IEP (Individual Education Program)**? _____



Was this student on a Free/Reduced lunch plan? _____

Signature of Parent/Legal Guardian or Emancipated Student

Date

Revised 10/31/16

