



AFRIKAN CENTERED EDUCATION COLLEGIUM CAMPUS



REQUEST FOR RELEASE OF STUDENT RECORDS

The parent/guardian of the student below has requested admission into the Kansas City, Missouri School District.

STUDENT INFORMATION (to be completed by parent/guardian):

STUDENT NAME: _____ DATE OF BIRTH: ___ / ___ / ___

FORMER ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PLEASE CHECK ONE	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
PLEASE CHECK ONE	
<input type="checkbox"/> American Indian / Alaskan Native	
<input type="checkbox"/> Asian/ Pacific Islander	
<input type="checkbox"/> Black/ African American	
<input type="checkbox"/> Hispanic/ Latino	
<input type="checkbox"/> White/ Caucasian	
<input type="checkbox"/> Other	

AGENCY INFORMATION (to be completed by parent/guardian): For enrollment purposes, the parent/guardian has authorized the designated school to release, fax and/or mail any school records on the above student maintained by such school.

NAME OF SCHOOL LAST ATTENDED: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX PHONE: _____

DESCRIPTION OF INFORMATION TO BE RELEASED

- | | |
|---|---|
| <input checked="" type="checkbox"/> Cumulative Permanent School Records | <input type="checkbox"/> Assessment Scores |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Psychological Reports |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Other (Specify): _____ |
| <input checked="" type="checkbox"/> Discipline Records | |

Does this child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Special Education Records (including): Active IEP and Current Diagnostic Summary including Permission for placement.

PARENT/GUARDIAN SIGNATURE: _____ DATE: ___ / ___ / ___

Note: Under law, the natural parent, legal guardian or foster parent may give permission for the release of records. If you are not the parent or guardian, please provide the name and address of the person who has legal authority to sign this release.

LEGAL GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Pursuant to Section 167.020(7) and 167.022, RSMo., the school official enrolling a pupil, including any special education pupil, shall request the student's records from all schools, facilities, or state agencies (e.g., The Department of Social Services, The Department of Mental Health, The Department of Elementary and Secondary Education also all subdivisions thereof), and entities involved with the placement of the student within the last twenty-four months. Records for the homeless students, as defined in Section 167.022, RSMo., shall be requested from all schools previously attended by the pupil within the last twenty-four months.

WITHIN FIVE (5) BUSINESS DAYS OF OUR REQUEST, PLEASE SUBMIT THE REQUESTED RECORDS TO:

AFRIKAN CENTERED EDUCATION COLLEGIUM CAMPUS
ATTENTION: OFFICE OF ENROLLMENT
JOHN HENRIK CLARKE BUILDING Δ 6330 SWOPE PARKWAY Δ KANSAS CITY, MO 64132
OFFICE PHONE: 816-216-7145 X10 Δ OFFICE FAX: 816-418-1249