



OLATHE PUBLIC SCHOOLS
Olathe, Kansas

AUTHORIZATION TO RELEASE STUDENT RECORDS

Name of Student: _____ Gr: _____ Date of Birth: _____

Records Requested From:

School: _____

Address: _____

Phone#: _____ Fax#: _____ Email: _____

Please Send Records To:

Frontier Trail Middle School
15300 W 143rd St., Olathe, KS 66062
Attn: Shannon Harrison - Student Information Specialist
Phone 913-780-7210 FAX 913-780-7216
or e-mail: sharrison@olatheschools.org

Description of Records Requested

- Birth Certificate
- Health / Immunizations (Student will be excluded from school if not received KSA 72-5208)
- School Cumulative Records / Transcripts
- All 6th, 7th and 8th Grade Report Cards / Withdrawal grades if applicable
- SPED info / IEP / 504 Plan
- Discipline and any Court Documents
- Other: _____

I authorize the release of the records indicated above: Parent/Guardian:

Parent/Guardian: _____

Date: _____

Authorization obtained by: Shannon Harrison

Date: _____