



Gallatin County Schools Student Record Release Form

I, as parent or guardian of _____, authorize and approve the release of all information concerning the educational placement of my child.

Student Name _____ DOB _____ Grade _____

Records are in the custody of	Records will be sent to
<p style="text-align: center;">_____</p> <p style="text-align: center;"><i>School Name</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>School Address</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Phone Number</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Fax Number</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>School Contact Name</i></p>	<p><input type="radio"/> Gallatin County Lower Elementary 25 Boaz Drive Warsaw, Kentucky 41095 859-567-6340 Fax: 859-567-6205 Email: angela.bledsoe@gallatin.kyschools.us</p> <p><input type="radio"/> Gallatin County Upper Elementary 50 PawPrint Path Warsaw, Kentucky 41095 859-567-2060 Fax: 859-567-2715 Email: tonya.christy@gallatin.kyschools.us</p> <p><input type="radio"/> Gallatin County Middle School 88 Paw Print Path Warsaw, Kentucky 41095 859-567-5860 Fax - 859-567-6107 Email: chris.browning@gallatin.kyschools.us</p> <p><input type="radio"/> Gallatin County High School 70 Wildcat Circle Warsaw, Kentucky 41095 859-567-7640 Fax: 859-567-8222 Email: kaycee.thompson@gallatin.kyschools.us</p>

Please include the following information electronically via email. If necessary, use the above listed contact information.

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| <ul style="list-style-type: none"> ● Grades/Academic Records/Transcripts ● Individual Standardized Assessment Results ● Health & Immunization Records ● Birth Certificate and Social Security Card ● Attendance and Discipline Records | <ul style="list-style-type: none"> ● Special Education Records ● Legal Documents ● Psychological Evaluation Report ● Services received - Title I, ESS, Gifted, LEP ● Additional documents |
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My signature below constitutes notice to me that this information will be disclosed only to school personnel having a legitimate educational interest in my child. I understand that I may inspect this information and/or records if I make application to do so through the Pupil Personnel Office.

Printed Name _____ Signed Name _____
(Parent or Legal Guardian)

Address _____ Phone _____