



## REQUEST FOR RECORDS

TO: \_\_\_\_\_  
(Name of School)

ADDRESS: \_\_\_\_\_  
Street City State

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

The following Student(s) have enrolled at Santa Fe Trail Elementary School. Please release all health, academic, special education and psychological information concerning:

Student's Name

Current Grade


Please send to: Santa Fe Trail Elementary  
7100 Lamar  
Shawnee Mission, KS 66204

I hereby authorize Santa Fe Trail Elementary to secure the cumulative records of the above student(s) from previous schools attended.

Parent/Guardian Signature

Today's Date

**SFT Office Use Only**

**Date faxed** \_\_\_\_\_

**Date mailed** \_\_\_\_\_