

Authorization for Release of Records

Form: RM 1

This form is to be used to request transcripts and records for students who last attended the SJSD. Please be advised that the form must be fully completed and failure to do so may result in delay of processing. The Saint Joseph School District follows the Family Educational Rights and Privacy Act (FERPA) and will only release records to students who are 18 years of age or older. Parents and Guardians requesting school records for students under the age of 18 must present proper identification. Any other parties requesting transcripts and school records must provide proper authorization and identification.

In compliance with *Family Educational Rights and Privacy Act of 1974(FERPA)*, I hereby authorize _____ or St. Joseph School District Records Center to release the
(School Name)
student records (specified below) for _____, _____
(Student Name) (Date of Birth)

Method of Disclosure: Inspection Copy

Purpose of Request: Employment Education Personal Use Immigration/Deferred Act Other: _____

Content of Student Record: (Please check all document types to be released.)

<input type="checkbox"/>	Transcript/ Grade Report Card	<input type="checkbox"/>	*Attendance/Transfer History
<input type="checkbox"/>	Birth Records	<input type="checkbox"/>	*Summary of Immunization
<input type="checkbox"/>	All Cumulative Records	<input type="checkbox"/>	*Discipline Report
<input type="checkbox"/>	Test-MAP, ACT, SAT	<input type="checkbox"/>	*Special Service IEP/Evaluation

*Please note that the above identified records are not permanently retained as stated in State of Missouri Regulations.

Please RELEASE (send) Student Record information to:

Name: _____	Name: _____
Address: _____	Address: _____
City, State: _____ Zip: _____	City, State: _____ Zip: _____
Telephone: _____ Fax: _____	Telephone: _____ Fax: _____
Email: _____	Email: _____

(Date)

(Signature of Parent/Guardian/Student (If 18 or over))

Please securely fax or mail this completed/signed form to the school or to the Records Department.

Records Department
2725 Pear Street
St. Joseph, MO 64503
Telephone: 816.671.4070
Fax: 816.671.4071
Email: records.manager@sjsd.k12.mo.us

For Office Use Only:	<input type="checkbox"/> PHOTO IDENTIFICATION PRESENTED
Request Fulfilled by: <input type="checkbox"/> Mail <input type="checkbox"/> Secured Fax <input type="checkbox"/> Email <input type="checkbox"/> Issued to requestor	
Date Completed: _____ Initials: _____ Fee: \$ _____ # of Pages: _____	
*Fee: \$.10 per copy Acceptable Payment: Cash, Checks or Money Orders payable to the St. Joseph School District	