



Académie Lafayette

Records Release Form

Student Name: _____ **School Year:** _____ **Last grade attended:** _____

New address (if any): _____

New phone number (if any): _____

Previous School Information

New School Information

Name: _____

Name: _____

Address: _____

Address: _____

City, St, Zip: _____

City, St, Zip: _____

Phone number: _____

Phone number: _____

Fax number: _____

Fax number: _____

Records Requested

The student named above is an applicant to Académie Lafayette. Please fax or send copies of the following records to the address below within 10 business days.

Academic Records

Standardized Test Scores

Health Records

Copy of Attendance Records

Copy of Birth Certificate

All IEP Information (if applicable)

504 Plan (if applicable)

Discipline File (if any)

Parental Permission to Release Records

In accordance with the Family Rights and Privacy Act (FERPA) and the Safe Schools Act, permission is granted to release the standardized test scores, scholastic records/transcripts, health records, and discipline files if applicable or any other pertinent information of my child/ward to/from Académie Lafayette. I understand that I may examine those records if I so desire.

Parent/Guardian Signature: _____ **Date:** _____

Académie Lafayette Personnel: _____ **Date of Request:** _____

PLEASE NOTIFY THE SCHOOL IMMEDIATELY OF ANY CHANGES TO YOUR STUDENT'S DATA

Cherry Campus K-5
3421 Cherry, KCMO 64109
Phone: 816-888-7400
Fax: 816-888-7410

Oak Campus K-5
6903 Oak, KCMO 64113
Phone: 816-361-7735
Fax: 816-361-5788

Armour Campus 6-12
201 E Armour Blvd, KCMO 64111
Phone: 816-800-8771
Fax: 816-800-8772