

PRATT UNIFIED SCHOOL DISTRICT NO. 382
Pratt, Kansas 67124

REQUEST FOR TRANSFER OF EDUCATIONAL AND HEALTH RECORDS

To: School _____
Address _____
City _____ State _____ Zip _____

To: School _____
Address _____
City _____ State _____ Zip _____

I hereby agree to release all public school and health records to be sent to:

School _____
Address _____
City _____ State _____ Zip _____

Parent/Guardian Signature _____

Curent Address _____

Date _____