

Crest Ridge Elementary School  
94 NW 58 Hwy  
Centerview MO 64019  
660-656-3315  
Fax 660-656-3411

TO: \_\_\_\_\_ DATE \_\_\_\_\_

FAX: \_\_\_\_\_ SCHOOL CODE: 051-154

**REQUEST/AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS AND  
OTHER REPORTS:**

It has been requested that you forward the following information:

**Due to DESE and MOSIS requirements we need you to add your school  
code to all information.**

Academic/Grade Reports	Achievement/Intelligence Test Score
Attendance Records	Behavior Records
Special Education Testing	Copy of Most Recent Sp. Ed. I.E.P.
Placement Data	Clinical/Medical Reports
Birth Certificate	Immunizations
Records from other School Districts	Social Security Number

The Missouri SAFE SCHOOLS ACT of 1996 requires that disciplinary files from the  
student's previous school be reviewed prior to finalizing enrollment at our school.  
Therefore, we request that you include a summary of the student's disciplinary record.

STUDENT'S NAME: \_\_\_\_\_

DATE OF ENROLLMENT \_\_\_\_\_

\_\_\_\_\_  
Signature of School Official

**I AUTHORIZE THE RELEASE OF THE ABOVE INFORMATION TO CREST  
RIDGE ELEMENTARY SCHOOL.**

\_\_\_\_\_  
Signature of Parent/Guardian