

**Guthrie Center Community School District
906 School Street
Guthrie Center, IA 50115**

To: Principal of Previous School

We request that you send the official records of the student named below. Please include the following:

- Grades at time of withdrawal
- Psychological evaluations and testing scores
- Health Records and Immunization Dates
- Special Education Records
- Other, _____

Parental Authorization for Release of Student Records

I hereby authorize that all of the above information be released on
(student's name) _____

in grade _____

between the (last school attended) _____

located at (city) _____

and the Guthrie Center School District.

Parent Signature

Authorized School Signature

Date

Please mail grades Pre-6 to:
Mr. Brent Meier, Principal
Guthrie Center Elem. School
900 North 4th Street
Guthrie Center, IA 50115

Please mail grades 7-12 to:
Mr. Garold Thomas
Guthrie Center JH & HS
906 School Street
Guthrie Center, IA 50115