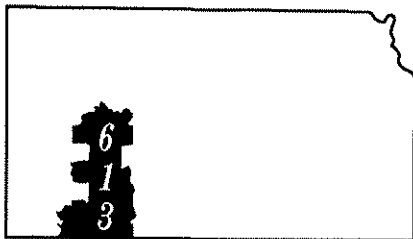


Southwest Kansas Area Cooperative District #613



001 Ford Street
Ensign, KS 67841
Phone: (620) 865-2054 Fax: (620) 865-2055
Website: <http://www.skacd.com>

“Providing Exceptional Education for Exceptional Children”

PARENT RELEASE FORM

DATE: _____

NAME: _____

BIRTHDATE: _____

I authorize _____
(Institution or School)

to release information to:

NAME: _____
(Teacher)

ADDRESS: _____
(School)

(Address)

(Address)

Please be advised that, pursuant to P.L. No. 93-380, Family Education Rights and Privacy Act of 1974, as amended, any information sent to us must be made available, upon request, to the parent or guardian or in some instances to the student.

(Parent or Guardian)