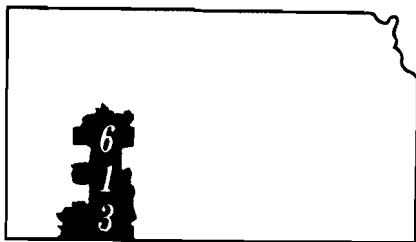


Southwest Kansas Area Cooperative District #613



001 Ford Rd

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)