

**RELEASE OF PERMANENT RECORD FILES AND HEALTH RECORDS**

I, \_\_\_\_\_, request the release of all records, including personality or psychological test records, if any, concerning \_\_\_\_\_ in grade \_\_\_\_\_ to be sent to the:

**Deuel School District**

**Principal's Office** (Please indicate what school level - Elementary / Middle School / High School)

**PO Box 770**

**Clear Lake, South Dakota 57226**

The reason for this request: \_\_\_\_\_

Date: \_\_\_\_\_

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