

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
HIGH SCHOOL PRINCIPAL'S OFFICE
PO BOX 770
CLEAR LAKE, SOUTH DAKOTA 57226-0770

The reason for this request: _____

Date: _____

Signature of Parent/Guardian: _____

School Transferring from: _____