

Request/Release for Records

Lexington Public Schools
420 NE 4th St
Lexington, OK 73051

Date: _____

To: _____

In accordance with the Family Educational Rights and Privacy regulations (34 CFR 99.31), Lexington Public Schools requests that transfer of all the educational records including, but not limited to , health, grades, discipline, attendance, cumulative and confidential special education records (PL 941-142, etc) for the following student:

Student Name: _____ Birth Date: _____

Grade Entering this year: _____

The above mentioned student intends to enroll or is enrolled in our school district. Please send records to:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Lexington High School
801 N. Broadway
Lexington, OK 73051
405-527-3810 x128
Fax 527-3814 | <input type="checkbox"/> Lexington Junior High
420 NE 4 th Street
Lexington, OK 73051
405-527-7236 x231
Fax 527-1415 | <input type="checkbox"/> Lexington Elementary
420 NE 4 th Street
Lexington, OK 73051
405-527-7236 x243
Fax 527-8119 | <input type="checkbox"/> Lexington Intermediate School
420 NE 4 th St
Lexington, OK 73051
405-527-7236 x292
Fax 527-5165 |
|---|---|--|---|

Lexington Public Schools assures that disclosure of the above records will be in accordance with (34 CFR 99.31).

Signature of School District Official

Date