

**WAIVER TO RELEASE INFORMATION**

to

**Princeton R-V School District**

1008 E. Coleman Princeton, MO 64673

Phone: (660)748-3490 Fax: (660)748-4018

Kristin Henke (JH/HS Counselor): khenke@tigertown.k12.mo.us  
(660)748-3490 ext. 222

---

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Soc. Security No. \_\_\_\_\_

Previous School:

Name: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

The specific information requested includes:

- Cumulative or permanent school reports
- Assessment Scores
- Special Education records
- Health Records
- Discipline Records
- Birth Certificate
- Extra-Curricular Activity Physical (if available)

The information is needed for the following reasons:

- Transfer of student to another district
- New enrollment or re-enrollment
- Other (specify): \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_

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

This consent permits the ongoing exchange of information between the persons and school noted above. This consent may be revoked at any time, but this will not affect the actions that have already been taken before the revocation of consent. This consent (unless revoked earlier) is valid until revoked by the parent/guardian in writing.