

BELOIT TROJANS

USD 273 District Office
3075A US 24 Hwy, Beloit, KS 67420
Phone: (785) 738-3261
Fax: (785) 738--4103

BES Expects Success

**REQUEST AND CONSENT TO RELEASE
EDUCATIONAL RECORDS**

Beloit Elementary School
1201 N. Bell, Beloit, KS 67420
Phone: (785)738-3581
Fax: (785) 738-3357



Date: _____

To: _____
(School/Address)

Superintendent
Casey Seyfert
cseyfert@usd273.org

Principal
Janet Porter
jporter@usd273.org

Assistant Principal
David Blochlinger
dblochlinger@usd273.org

Secretary
Lynn Feldmann
lfeldmann@usd273.org

Secretary
Heather Matter
hmatter@usd273.org

Social Worker
Jennifer Eilert
jeilert@usd273.org

Social Worker
Chelsa Anderson
canderson@usd273.org

Web Page
www.usd273.org

STUDENT(s): _____

GRADE(s): _____

This student has or will be enrolled in:

RECORD REQUEST:

- Transcript / Credit History, Attendance, Discipline
- Immunization / Health Records
- MTSS / RTI
- State Assessment Information (current testing and/or past scores)
- IEP / Special Education
- Other Available School Records (MDT)

Please Send To:

Janet Porter, Principal
Beloit Elementary School
1201 N. Bell Street
Beloit, KS 67420
785-738-3581
785-738-2492 FAX

I authorize the release of the records indicated above:

SIGNED: _____

(Parent, Guardian, Eligible Student or School Representative)

Respectful

Responsible

Ready to Learn