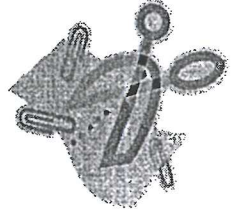
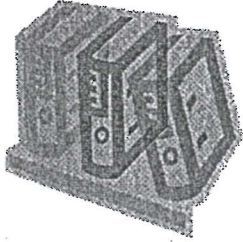


# Lincoln Elementary School

701 5<sup>th</sup> Avenue  
Dayton, KY 41074  
859-292-7492  
Fax # 859-292-7481



## CONSENT TO RELEASE OF RECORDS AND RELEASE OF LIABILITY

I, as parent or guardian of \_\_\_\_\_, DOB \_\_\_\_\_  
Grade \_\_\_\_\_, hereby provide consent pursuant to Kentucky Revised Statute  
160.720 for the release of the educational records of my above named child from  
the Dayton Independent School District (including the Lincoln Elementary School  
and the Dayton High School) to the person or entity named below:

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax # : \_\_\_\_\_

My consent to the release of records shall include all records maintained by  
the Dayton Independent School District relating to my child, including but not  
limited to the following records:

1. Grades, attendance and/or academic standing, credits (units).
2. Psychological evaluation reports.
3. Individual Standardized Achievement tests results.
4. Individual Education Plan and due process forms and/or speech records.
5. Current immunization, physicals and necessary medical records.
6. Keys to grading.
7. Portfolios.
8. Discipline records.
9. Birth certificate and social security records.
10. Any other record relating to my child.
11. **All** the above records.

I further release the Dayton Independent School District from any liability  
relating to the issuing of the above records pursuant to this consent. I understand  
that I may inspect my child's records by requesting the records from the pupil  
personnel office of the Dayton Independent School District.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE