

**RELEASE OF STUDENT INFORMATION**

*This authorizes the transfer of all school records within the Big Sandy Head Start programs. (Martin, Magoffin, Pike, Floyd, Johnson, Model City and, Paintsville City)*

The below named child is currently seeking enrollment with \_\_\_\_\_  
Head Start. This form is provided for the purpose of obtaining the students records.

Student's Full Name:  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Head Start Attended: \_\_\_\_\_

I hereby give the above named Head Start permission to release my child's complete school record:

- Academic
- Attendance
- Special Education / IEP
- Immunization / Health
- Psychological

Custodial Parent / Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_