

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Dear School Official:

The following student(s) entered the Sharon Springs School District. Would you kindly forward copies of academic, psychological and medical records. Parental permission has been obtained and you will note the signature at the bottom of this letter.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you in advance for your cooperation.

Sincerely,

SHARON SPRINGS CENTRAL SCHOOL

Brenda Stetin  
Guidance Counselor

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I authorize the release of academic, psychological, special education/related services and medical information concerning my child(ren).

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Signature of Parent or Guardian