



Harrisonville School District
Student Records Request

I hereby authorize the release of the information for the student listed below. Please submit records to the specified school unless otherwise noted.

Parent/Custodian Signature _____ Date _____

*Please send the **complete** school records for the student listed below. Please include academic records (including United States and Missouri Constitution Tests and dates passed), withdrawal grades, disciplinary records, A+ Certification, test scores, (including EOC, MAP, PLAN, ACT, SAT, PSAT, AP etc.), health records, attendance records, student identification documents and **special education records**, psychological reports, Title I records, reading improvement plans and any information that will assist with educational placement and decisions .*

Student Name _____ Grade _____

MOSIS State ID _____ Date of Birth _____

Previous School _____ Grades Attended _____

Address _____ Date Withdrawn _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Please send student records to (Circle School):

Early Childhood Center
500 Polar Lane
Harrisonville, Mo 64701
Phone: 816-380-4421
Fax: 816-884-2148
sarah.baker@harrisonvilleschools.org

Harrisonville Elementary
101 Meghan Drive
Harrisonville, Mo 64701
Phone: 816-380-4131
Fax: 816-884-2938
geriann.boyd@harrisonvilleschools.org

McEowen Elementary
1901 S. Halsey
Harrisonville, Mo 64701
Phone: 816-380-4545
Fax: 816-884-3046
cheryl.bearden@harrisonvilleschools.org

Harrisonville Middle School
601 S. Highland
Harrisonville, Mo 64701
Phone: 816-380-7654
Fax: 816-884-5733
jennifer.coday@harrisonvilleschools.org

Harrisonville High School
1504 E. Elm
Harrisonville, Mo 64701
Phone: 816-380-3273
Fax: 816-884-3651
cassie.diehl@harrisonvilleschools.org

For Office Use Only: Date Request Faxed _____ Second Request _____ Third Request _____

Records Received on _____