



**OWEN COUNTY SCHOOLS
STUDENT RECORD RELEASE FORM**

I, as a parent or guardian of _____ authorize and approve the release of all records concerning the educational placement of my child, who is enrolling in grade _____ and whose birth date is _____.

Records are in custody of :

School: _____
Street: _____
City, State, Zip Code: _____

Phone: _____
Fax: _____

Records will be sent to:

_____ **Owen County Lower Elementary**
1925 Hwy 22 East
Owenton, KY 40359
Phone: 502-484-5499
Fax: 502-484-0095

_____ **Owen County Upper Elementary**
1960 Hwy 22 East
Owenton, KY 40359
Phone: 502-484-3417
Fax: 502-484-5764

_____ **Maurice Bowling Middle School**
2380 Hwy 22 East
Owenton, KY 40359
Phone: 502-484-5701
Fax: 502-484-3044

_____ **Owen County High School**
2340 Hwy 22 East
Owenton, KY 40359
Phone: 502-484-5509
Fax: 502-484-0444

My signature below constitutes notice to me that this information will be disclosed only to the Recipient listed above. I understand that I may inspect this information or records if I make application to do so through the Pupil Personnel Office.

Parent/Guardian Signature: _____ Date: _____