

Branson R-IV School District

Branson High School (9-12)
 935 Buchanan Road
 Branson, MO 65616
 Phone: (417) 334-6511
 Fax: (417) 332-3212

Branson Junior High (7-8)
 263 Buccaneer Blvd.
 Branson, MO 65616
 Phone: (417) 334-3087
 Fax: (417) 336-3913

Branson Intermediate (5-6)
 766 Buchanan Road
 Branson, MO 65616
 Phone: (417) 332-3201
 Fax: (417) 332-3224

Branson Elementary West (2-4)
 396 Cedar Ridge Dr.
 Branson, MO 65616
 Phone: (417) 334-5135
 Fax: (417) 336-6079

Branson Elementary East (2-4)
 308 Cedar Ridge Dr.
 Branson, MO 65616
 Phone: (417) 334-5137
 Fax: (417) 336-3652

Branson Primary (PreK-1)
 402 Cedar Ridge Dr.
 Branson, MO 65616
 Phone: (417) 336-1887
 Fax: (417) 336-1889

Branson Student Services
 404 Cedar Ridge Dr.
 Branson, MO 65616
 Phone: (417) 334-5131
 Fax: (417) 336-3161

Consent For Release/Mutual Exchange Of Information

Student _____ Birth date _____ Grade _____

I hereby authorize the release/mutual exchange of information, both verbally and/or written, between the Branson R-IV School District and the agency, individual, physician, and/or other school district listed below. I understand that all information exchanged by the individual(s) or agencies is confidential and will not be disclosed to another party without the prior written consent of the parent/legal guardian/students.

 (School District, Agency, Individual or Physician)

 (Mailing Address) (City) (State) (Zip)

 (Area Code-Phone)

 (Area Code-Fax)

I request release/mutual exchange of the following information:

- _____ Cumulative permanent school records
- _____ Special Education records including current IEP and Diagnostic Summary
- _____ Health records
- _____ Psychological reports and/or educational evaluations by the school district, outside agency, or treatment center
- _____ Discipline records
- _____ Other (Specify) _____

This information is requested for the following reason(s):

- _____ Transfer to this district
- _____ Transfer to another district
- _____ New enrollment
- _____ Hospitalization
- _____ Contractual Placement
- _____ Diagnostic Evaluation
- _____ Other _____

I certify that I am the parent/legal guardian of this student OR that I am the student of majority age (18) and have the authority to sign this release.

 (Parent/Legal Guardian/Student Signature)

 (Date)

 (School Contact Person)

 (Position)