



**RELEASE OF RECORDS FORM**  
**BALTIC SCHOOL DISTRICT 49-1**

PO Box 309  
1 Bulldog Avenue  
Baltic, SD 57003-0309

www.baltic.k12.sd.us

Elementary (605) 529-5464  
Secondary (605) 529-5461  
Fax (605) 529-5443

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: F or M Grade: \_\_\_\_\_  
Person Making the Request: \_\_\_\_\_ Relationship/Position: \_\_\_\_\_

**RECORDS TO BE DISCLOSED**

- |   |  |
|---|--|
| <input type="checkbox"/> Report Card/Transcript   | <input type="checkbox"/> Occupational Therapy Report |
| <input type="checkbox"/> Standardized Test Scores | <input type="checkbox"/> Physical Therapy Report     |
| <input type="checkbox"/> Health Records *         | <input type="checkbox"/> Speech/Language Report      |
| <input type="checkbox"/> Current IEP              | <input type="checkbox"/> Psychological Report        |
| <input type="checkbox"/> Medical-Social Report    | <input type="checkbox"/> Discipline Records          |
| <input type="checkbox"/> Other _____              |  |

**RECORDS REQUESTED TO / FROM (Circle One)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian/Eligible Student: \_\_\_\_\_ Dated: \_\_\_\_\_

Records are released and maintained in compliance with the Family Education Rights and Privacy Act of 1975 (PL 9-3580) (Buckley Amendment, Title V, Section 513-515, pp. 88-91), which states disclosure of educational records to enroll does not require written parental consent. Any information disclosed to the Baltic School District 49-1, or to any employee of Baltic School District 49-1, becomes a part of the student's education record. Unless specified "confidential" or "not to be released to a third party", material disclosed to the Baltic School District 49-1 will be released with the educational record.



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