

**Breathitt County Board of Education**

Office of the Superintendent  
420 Court St., PO Box 750  
Jackson, KY 41339

Phone: 606-666-2491

Fax: 606-666-2491  
606-666-9464

**Request for School Records**

Student's Name: \_\_\_\_\_

Approximate  
Dates of  
Attendance: From: \_\_\_\_\_ To: \_\_\_\_\_

Social Security  
Number of  
Student: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

I hereby authorize the Breathitt County Board of Education to release any/all school records to:

\_\_\_\_\_

Requesting person's relationship to the student \_\_\_\_\_

Typed or printed name of person requesting records: \_\_\_\_\_

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

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