



3131 S. 156th Street, Omaha, NE 68130
402-333-0818 Fax 402-333-1790

AUTHORIZATION FOR RELEASE OF INFORMATION

Student Name _____ Grade in 2016-2017 _____

Birthdate _____

I hereby authorize _____
(Last School Attended)

(Mailing Address)

(City, State, Zip Code)

to release information on the student named above. Information to be released includes:

- Official Permanent Record (Parent Name(s), Student Name, Birthdate, Grade Levels Completed, Test Scores on Standardized Achievement & Aptitude Tests, Course Grades, and Attendance Data).
- Copy of Birth Certificate
- Health Data/Immunization Records
- Special Education Placement Forms, IEPs, 504s, School Accommodation Plans (if applicable)
- Discipline History
- Results of Psychological Assessments and/or Consultations (if applicable)
- Teacher/Counselor observations and ratings
- Other Information (please specify) _____

This authorization shall be understood to permit the continuing release of information until such time as this authorization is revoked in writing.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Address _____ Phone number: _____