

8701.1 Request for Student Records/Release Form



I hereby request and authorize the release of student records of

_____	_____	_____	_____
Legal Last Name	Middle	Name	Date of Birth
_____	_____	_____	_____
Legal Last Name	Middle	Name	Date of Birth
_____	_____	_____	_____
Legal Last Name	Middle	Name	Date of Birth

Please send the following records to the school **identified** below: Records to be released:

- | | | |
|---|---|---|
| <input type="checkbox"/> All grades (including withdrawal grades) | <input type="checkbox"/> Standardized test scores | <input type="checkbox"/> ELL |
| <input type="checkbox"/> Medical information/records/medication | <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> Social Security number verification | <input type="checkbox"/> Special Education IEP | <input type="checkbox"/> Behavior Plans |
| <input type="checkbox"/> Physical Therapy Evaluation | <input type="checkbox"/> Audiological Evaluation | <input type="checkbox"/> MDT Reports |
| <input type="checkbox"/> Psychological Evaluation/Speech reports | <input type="checkbox"/> Staffing Summaries | <input type="checkbox"/> Other: _____ |
- (Please advise if confidential records are to be obtained from a separate facility.)*

Previous School Information:

Name of school/Agency: _____ Address: _____
 City: _____ State: _____ Zip Code: _____ Phone: _____
 Date school mailed release to the above school/agency: _____ Date Received: _____

_____	_____	_____
Parent /Guardian Signature	Relationship to Student	Date Signed
_____	_____	_____
Signature of 19-Year Old Student	Date Signed	

Please mail/fax information to:
School Name/Person receiving
Address
Phone/Fax number

I understand that once the above information is disclosed, it may be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations.

I understand that I may revoke this authorization at any time by sending written notification to the school identified above. I understand that the revocation will not apply to information that has already been released in response to this authorization. Unless I revoke the authorization prior to such time, this authorization shall expire within one year from date of signature.

The Grand Island Public Schools assures the parent/guardian that all information received by the district will not be disclosed to a third party without prior written consent by the parent/guardian and will be maintained in a manner that will assure compliance with Federal Law.

Federal Law 99.31 - No parent signature required for educational records sent to another educational agency.
 Nebraska Law 79-2, 105.