AUTHORIZATION TO RELEASE OR RECEIVE STUDENT INFORMATION

Name of Student: _____ Birthdate: _____

Name of School Attended: _____Grade _____ Year _____

Address: _____

School Phone & Fax Number: _____

Last Date of Attendance: _____

School as noted above to send an official copy of my transcript to:

School Name: Kearney High School
2702 West 11th Street
Kearney, NE 68845-0102
Phone: 308-698-8060
Fax: 308-698-8061

Records to be requested and/or released are:

☐ Please release all records pertaining to this student: cumulative school records, including, but not limited to: directory information, attendance records, transcripts, health records, standardized test results and activities participation; subsidiary school records such as those listed below.

Comments:_____

Subsidiary school records, specifically:

- ☐ Student Assistance Team Report (Prereferral Information)
- ☐ Multi-Disciplinary Team Reports (Including:)
- ☐ Psychological Testing Results
- ☐ Speech/Language/Hearing Results
- ☐ Physical Therapy Results
- ☐ Individualized Education Plan (IEP)
- ☐ Section 504 Records & Plans
- ☐ Disciplinary Records
- ☐ High Ability Records (Gifted)
- ☐ Occupational Therapy Results
- ☐ Teacher/Counselor observations
- ☐ ELL (English Language Learner)
- ☐ Outside Agency Reports: (specify) _____
- ☐ Other: (specify) _____

Medical Information, specifically:

- ☐ Physical assessments/screening
- ☐ Immunization
- ☐ Care Plans/Individual Health Plans
- ☐ Other specific information to be disclosed: _____
- ☐ Health History
- ☐ Medications (current and history)

_____

Purpose of Medical Information: _____

_____

This authorization is valid for one year. I understand that I may revoke this authorization at any time by submitting written notice. I recognize that these records may not be protected by HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act. Verbal or written information will only be shared with appropriate staff for legitimate education purpose.

_____ _____ _____

Parent/Guardian Signature Phone Number Date