
AUTHORIZATION FOR RELEASE OF STUDENT RECORDS/INFORMATION

I authorize the release and/or request of information as checked below for:

Student	Age	Date of Birth
<input type="checkbox"/> Grades/Attendance/Group Test Information/Disciplinary Records		
<input type="checkbox"/> Psychological/Education/Speech and Language Evaluation Reports		
<input type="checkbox"/> Multidisciplinary Team Staffing Summaries/Reports		
<input type="checkbox"/> Individual Education Plans (IEP)/Section 504 Plans		
<input type="checkbox"/> Medical or Medication Information/Records		
<input type="checkbox"/> Mental Health Information/Records/Reports		
<input type="checkbox"/> Other (Specify) _____		

The reason for requesting this information is: _____

Schools/Agencies authorized to release and/or exchange information:

School/Agency:	_____	_____
Address	_____	_____
	_____	_____
	_____	_____
Phone	_____	_____
Fax	_____	_____

Signature of Parent/Legal Guardian: _____
Relationship to Student: _____
Date (authorization will expire in 1 year): _____

I understand that once the above information is disclosed, it may be redisclosed 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.

I understand that the revocation will not apply to information that has already been released in response to this authorization.

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