



**AUTHORIZATION for Release of School Records**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Date of Admittance to WHS: \_\_\_\_\_

I, \_\_\_\_\_, hereby, as the parent/guardian of a student under 18 years of age, or I \_\_\_\_\_, as a student 18 years of age, do request and authorize the following institution/agency/individual:

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone# \_\_\_\_\_ Fax # \_\_\_\_\_

to release the information below that is identified by an "X" or check-mark.

**CONSENT TYPE OF INFORMATION TO BE RELEASED:**

\_\_\_\_\_ **Official Permanent Record** (parent's name, student's name, birth date, birth certificate, grade level, academic level, test scores, standardized achievement and aptitude tests, attendance data).

\_\_\_\_\_ **Results of psychological assessments and/or consultations**

\_\_\_\_\_ **Teacher/Counselor Observation and Ratings**

\_\_\_\_\_ **Health data** (immunization, vision, hearing)

\_\_\_\_\_ **Special Education Placement Forms** (Individual Education Program, MDT, Psychological evaluations/reports, Test Scores: standardized achievement, aptitude, ability and other such tests; observations, ratings information, and records gathered by certified staff; personality and interest inventories; health data; physical therapy evaluation.)

\_\_\_\_\_ **Other:** \_\_\_\_\_  
(Activity Record, Medical Records, Report Card, SCIP, YLS/CMI WEBSS (SAT), etc.)

**Send to:** \_\_\_\_\_  
Administrator, Counselor, Nurse

Wahoo High School  
2201 N. Locust  
Wahoo, NE 68066

Fax: (402) 443-4731  
Ph: (402) 443-4332

Please specify the reason for the release \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian or Student (if over 18)

Parent Name: \_\_\_\_\_  
(Printed)

Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone # \_\_\_\_\_

Email: \_\_\_\_\_