



**EDUCATIONAL SERVICE UNIT 10
BOX 850
KEARNEY, NE 68848**

RELEASE / REQUEST OF STUDENT RECORDS

In accordance with State and Federal Law, this form is to authorize _____
Public Schools to either release and/or request written and verbal information for the purpose
of legitimate educational interests and planning for:

Name of Student: _____ Birthdate: _____
Last Grade _____
School Name: _____ Attended: _____
Grade Year

Records to be requested and/or released are:

— Cumulative school records, including, but not limited to: directory information,
attendance records, transcripts, health records, standardized test results and activities
participation.

— Subsidiary school records, specifically:

- | | |
|---|--|
| — Student Assistance Team Report
(Prereferral Information) | — Individualized Education Plan
(IEP) |
| — Multi-Disciplinary Team Reports
(including:) | — Section 504 Records & Plans |
| — Psychological Testing Results | — Disciplinary Records |
| — Speech/Language/Hearing Results | — High Ability Records (Gifted) |
| — Occupational Therapy Results | — Other: (specify) _____ |
| — Physical Therapy Results | |

— Outside Agency Reports: (specify) _____
— Other: (specify) _____

Records are REQUESTED FROM:	Records should be SENT TO:
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian Signature*

Date

*In granting your written consent, you maintain the right to revoke your consent at any time. It is the
parent's/guardian's responsibility to notify the school district if you wish to do so.