

# BLAIR COMMUNITY SCHOOLS

P.O. Box 288  
Blair, Nebraska 68008

## AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

The school, agency, or institution listed below has requested information from the school records

of: \_\_\_\_\_  
(LAST FIRST MIDDLE MAIDEN)

\_\_\_\_\_  
(AGENCY/INSTITUTION/SCHOOL REQUESTING INFORMATION)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP CODE)

I authorize the release by \_\_\_\_\_  
(SCHOOL)  
P.O. Box 288  
Blair, NE 68008

officials, all information below as signified by an "X" in the appropriate box. Denial of permission is signified in the same manner.

PERMISSION GRANTED	TYPE OF INFORMATION TO BE RELEASED	PERMISSION DENIED
<input type="checkbox"/>	Official permanent records (name, address, birthdate, grade level, grades, attendance records, test scores, health and physical records)	<input type="checkbox"/>
<input type="checkbox"/>	Teacher and counselor observations/parent contacts	<input type="checkbox"/>
<input type="checkbox"/>	Confidential reports which may include psychological, speech/language report, PT/OT therapy reports, Special Service IEP	<input type="checkbox"/>
<input type="checkbox"/>	Consultation between professionals	<input type="checkbox"/>

\_\_\_\_\_  
(PARENT/GUARDIAN or STUDENT)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(YEAR OF GRADUATION)

OFFICE USE: Sent request: _____ Sent records: _____ Received records: _____
--