

BLAIR COMMUNITY SCHOOLS

P.O. Box 288
Blair, Nebraska 68008

REQUEST FOR STUDENT RECORDS/INFORMATION

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

(STUDENT NAME)

(SCHOOL)
P.O. Box 288
Blair, NE 68008

I authorize the release by _____

(SCHOOL NAME/AGENCY/INSTITUTION)

(ADDRESS)

(CITY, STATE, ZIP CODE)

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
Official permanent records (name,
address, birthdate, grade level,
grades, attendance records, test
scores, health and physical records)

PERMISSION
DENIED

Teacher and counselor observations/
parent contacts

Confidential reports which may
include psychological, speech/
language report, PT/OT therapy
reports, Special Service IEP

Consultation between professionals

(SIGNATURE OF PARENT OR GUARDIAN)

(DATE)

OFFICE USE:

Sent request: _____

Sent records: _____

Received records: _____