

PO Box 430 Fort Calhoun, NE 68023

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A REQUEST FOR AN AUTHORIZATION TO RELEASE STUDENT RECORDS

I hereby authorize appropriate pers	sonnel at:	
This request and authorization is fo	or:	
1. Cumulative scholarship record(s). (Including an explanation of the grading system.)		
2. Student Health record(s).		
3. Group/individual standardized test score record(s).		
4. Psychological evaluations.		
5. Special education assessment, verification and individual educational planning records.		
6. Courses in progress and grade	es at the time of withdrawal.	
7. Birth Certificate		
8. State Student Number (this ref	ers to new student transfers	only)
9. Other		
***	*******	
STUDENT:		
Name	Date of Birth	Grade if Applicable
Please forward the information/reco	ords identified in the reque	st to the registrar at:
Signature	_	Date
Must be at least 18 years of age		Date