

# Norfolk Public Schools

Department of Student Services  
512 Philip Avenue, PO Box 139  
Norfolk, NE 68702-0139  
Phone: (402) 644-2509  
Fax: (402) 644-2506

## AUTHORIZATION AND CONSENT FOR RELEASE OF SCHOOL RECORDS

Student: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_

### *Request of Records From:*

School: \_\_\_\_\_

Street: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

In compliance with the Family Educational Rights and Privacy Act (Final Rule on Education Records. Federal Register. June 17 1976, vol. 41, No. 118, Page 24673), which states that it is no longer necessary to obtain written consent to release records between schools or school systems, we are requesting the following information:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> <b>Scholastic</b><br>-Transcripts<br>-Report cards<br>-Attendance<br>-Withdrawal grades<br>-Group achievement scores | <input type="checkbox"/> <b>Medical</b><br>-Immunization records<br>-School health evaluation<br>-Physical | <input type="checkbox"/> <b>Special Education</b><br>-Individual Education Plan<br>-Multidisciplinary Plan<br>-Psychological report |
|---|--|---|

**Other:** \_\_\_\_\_

*Please Send To:* **Norfolk Public Schools  
Director of Student Services  
PO Box 139  
512 Philip Avenue  
Norfolk, Nebraska 68702-0139**

School Official or Parent Signature: \_\_\_\_\_

Date Request Made: \_\_\_\_\_

School Code _____
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