



Blair Community Schools
P.O. Box 288
Blair, NE 68008

Release/Request of Student Records

Student's Legal Name:

_____ *Last (include Maiden Name if applicable)*

_____ *First*

_____ *Middle Initial*

Birthdate: _____

I authorize the release to/from:

Blair Community Schools

Attn: _____

P.O. Box 288

Blair, NE 68008

I authorize the release to/from:

_____ *School/Agency/Institution Requesting or Releasing Information*

_____ *Street Address*

_____ *City, State, Zip Code*

_____ *Phone Number*

Information to be released:

_____ Official permanent records (*parent's names, student's name, address, birthdate, grade level, grades, transcript, attendance, behavior, test scores, health and physical records*)

_____ Special education records (ex. MDT, IFSP, IEP)

_____ Consultation between professionals

**Please note: The Family Educational Rights and Privacy Act (FERPA) allows schools to disclose student school records, without parent consent to other schools to which a student is transferring. (FERPA 20 U.S.C. § 1232g; 34 CFR Part 99)*

_____ *Authorizing Signature (School Official, Parent/Legal Guardian, Student if 18 years of age)*

_____ *Date*

_____ *Year of Graduation/Last Year Attended (if applicable)*

FOR OFFICE USE:

SENT: _____

RECORDS: _____