

RECORDS RELEASE FORM

As the parent/legal guardian of the below named student under 19 years of age or eligible student (a student 19 years of age or older enrolled in a post-secondary institution), I freely give my consent to release information on **(FULL LEGAL NAME)**:

_____ / _____ / _____
Last First Initial Birth Date

PLEASE COMPLETE THE FOLLOWING TWO AREAS:

(1) Information to be released by :

 School or Institution Name

 Street Address City State Zip Code

(2) Send Information to:

OMAHA STREET SCHOOL

3223 N. 45th St. OMAHA NE 68104

Please identify by an "X" which information is to be released.

CONSENT NOT GRANTED

GRANTED

Type of information to be released:

- | | | |
|-------|-------|--|
| _____ | _____ | Official permanent record (Parent's name, Student's name, birthdate, grade level, academic level of achievement, test scores-standardized achievement and aptitude test, attendance data). |
| _____ | _____ | Teacher/Counselor observations and ratings (include Career Interest Inventory, etc.) |
| _____ | _____ | Health data (include hearing and vision reports) |
| _____ | _____ | Psychological evaluation(s) |
| _____ | _____ | Special Education (i.e. --IEP) |
| _____ | _____ | I.Q. Test results |
| _____ | _____ | Other data (specify) _____ |

 Signature of Parent/Legal Guardian or Eligible Student Date Phone

_____ _____ _____ _____
 Street Address City State Zip