

RELEASE OF INFORMATION

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:

EHUFF@OMAHASTREETSCHOOL.COM

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, last semester and current attendance, most recent schedule, etc.).
- Teacher/Counselor observations and ratings (include Career Interest Inventory, discipline records etc.)
- Health/Immunization data (include hearing and vision reports)
- Psychological evaluation(s)
- Special Education (i.e. -IEP/MDT)
- I.Q. Test results
- Other data (specify) _____

Signature of Parent/Legal Guardian or Eligible Student Date Phone

Street Address City State Zip

I understand that completing this form does not guarantee my child enrollment at Omaha Street School. _____
initial