

AUTHORIZATION FOR ACCESS TO PERSONAL RECORDS

Nebraska law restricts access of school students and school employees. The divulging of any contents of such records or files to any person/persons other than those authorized by law is prohibited except as authorized by the person whose signature appears below.

I _____ (Parent/Guardian) do hereby authorize the school officials of the last school I attended _____, to reveal the requested information for the file of (Student(s)):

_____ to:

FAX (402) 635-2331
Allen Consolidated Schools
PO Box 190 – 126 East 5th Street
Allen, NE 68710
(402) 635-2484

Signature: Parent / Guardian

Date

School Official

Date

Requested Information:

- _____ **Transcript of Records** (grades and credits)
- _____ **Most recent report card**
- _____ **Health / Immunization Records**
- _____ **Current Physical**
- _____ **Visual Exam**
- _____ **Special Ed Records (IEP, MDT, 504)**
- _____ **Discipline/Behavior Recorded**
- _____ **State ID Number** (if coming from a NE School)
- _____ **Lunch Status (Free/Reduced/Direct Cert/Full Pay)**
- _____ **EL / LEP information**