

**AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**

Millard Public Schools  
5606 S. 147<sup>th</sup> Street  
Omaha, Nebraska 68137

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

I, hereby, as the parent or guardian of a student under 18 years of age, or I, as an eligible student (a student 18 years of age), authorize:

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Release student record information to:

Release and Receive student information to and from:

Institution or Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please check the records to be released: (Schools requesting records for student enrollment must check all boxes)

- Official permanent record (parent's name, student's name, date of birth, grade level, academic level of achievement, test scores, standardized achievement and aptitude tests, attendance data)
- Immunization and medical/records
- Attendance and discipline records
- Results of psychological assessments and/or consultations
- Teacher/Counselor observation and ratings
- Special Education placement forms and Individual Education Plans
- ELL documentation including current or previous identification as ELL/LEP
- IC Parent Portal Access/MPS App Access
- Other data (specify) \_\_\_\_\_

Please specify the reason for this request: \_\_\_\_\_

Please check one of the following boxes:

- Check for this box for a one-time release of the designated information.
- Check this box to grant continual release of the designated information. Revocation must be submitted in writing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian or Eligible Student

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address