

Parental Permission to Release Student Records

I, the undersigned, hereby request and authorize:

School Name

Address

Phone Number/Fax Number

To release school records of:

Student's Name

Date of Birth

To: Johnson County Central Schools District 50 PO Box 338 Tecumseh, NE 68450 Fax Number: 402-864-2074

Email: <u>olivia.reuter@jccentral.org</u> or katie.radke@jccentral.org

School records to include the following:

- Official student academic/administrative records (identifying information, current grade level, grades, class rank, attendance records, group aptitude and achievement test results)
- Medical and/or related health records
- Psychological evaluations or social work reports
- Specialized Services Team evaluations and related reports
- Appropriate agency reports
- Multidisciplinary Team Reports
- Student Assistance Team Reports

I certify that I am the parent or legal guardian of the above named child and have the authority to sign this release.

| Date | <u> </u> | |
|--------------|----------|--|
| Signed | | |
| Name Printed | | |
| Address | | |
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