Omaha Street School

3223 N. 45th St
Omaha, NE 68104

RECORDS RELEASE FORM

As the parent/legal guardian of the below named student under 18 years of age or eligible student (a student 18 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:

_____

School or Institution Name

_____ _____ _____ _____

Street Address City State Zip Code

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