

# 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:

Previous school name: \_\_\_\_\_

Previous school mailing address: \_\_\_\_\_

Previous school phone number: \_\_\_\_\_

to reveal the requested information for the file of (Student(s)):

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

to: **FAX (402) 635-2331 or email [bstapleton@allenschools.org](mailto:bstapleton@allenschools.org)**

Allen Consolidated Schools  
PO Box 190 – 126 East 5<sup>th</sup> Street  
Allen, NE 68710  
(402) 635-2484

\_\_\_\_\_  
**Signature: Parent / Guardian** **Date**

**Address of Parent / Guardian** \_\_\_\_\_

## Requested Information:

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

\_\_\_\_\_  
**Signature: School Official** **Date**