

AUTHORIZATION FOR RELEASE OF INFORMATION

Westside Community Schools • Office of Student Services

PART 1: IDENTIFICATION

Student Last Name _____ First Name _____ M.I. ____ Suffix _____
Date of Birth _____ Last School Attended _____ Date Last Attended _____
Current Address _____ City _____ ST _____ ZIP _____ Phone _____

PART 2: RELEASE OF INFORMATION TO WESTSIDE COMMUNITY SCHOOLS BY ANOTHER SCHOOL, ENTITY, OR PERSON.

I hereby authorize _____ and its employees and agents to disclose records in its possession or control, as indicated in Part 4 below, to the Westside Community Schools.
This authorization is valid until _____ (Note: Unless otherwise indicated, I request that this authorization be considered valid for twelve months from date of signature.
Send records to: Name _____
Address _____
Omaha, NE 681 _____

PART 3: RELEASE OF INFORMATION BY WESTSIDE COMMUNITY SCHOOLS TO ANOTHER SCHOOL, ENTITY, OR PERSON.

I hereby authorize Westside Community Schools and its employees and agents to disclose records in its possession or control, as indicated in Part 4 below, to _____, for the purpose of _____.
This authorization is valid until _____ (Note: Unless otherwise indicated, I request that this authorization be considered valid for twelve months from date of signature.
Send records to: Name _____
Address _____
City _____ State _____ ZIP _____

PART 4: RECORDS TO BE RELEASED

You are authorized to disclose the following records and information:

- Permanent Records** (e.g., ID numbers, attendance info, grade level completed, transcripts, immunizations and health info, and FERPA forms)
- Subsidiary Records** (e.g., results of standardized tests, psychological examinations, and diagnostic education evaluations; reports regarding truancy and social workers' case management; anecdotal records; FERPA forms; etc.)
- Discipline Records**
- Special Education Records** (IEPs, etc.)

PART 5: CERTIFICATION OF IDENTITY

By signing below, I affirm that I am the above-named student or the parent or legal guardian of the above-named student who is under the age of 18 and that I have the legal right to request and receive the records indicated. I understand that misrepresenting myself to obtain records is prohibited by law and, as such, subject to criminal prosecution.

Signature of Student (or Parent if Student is under 18) _____ Date _____

For release of records BY Westside Schools, notarized signature is required to verify identity when form not submitted in person.

STATE OF _____)
))
COUNTY OF _____)

Before me, a Notary Public, qualified in and for said county, personally came _____, proven to me to be identical person, and signed in my presence.
Witness my hand a notarial seal on this _____ day of _____, 20 _____.

(SEAL) _____ Notary Public