

**Nixa Public Schools**  
**301 S Main Street**  
**Nixa, MO 65714**  
*Phone: (417) 724-6260*  
*Fax: (417) 724-6259*

**NOTICE/CONSENT FOR RELEASE OF INFORMATION**

	Date of Request:
Student's Name:	DOB:

We request the release/exchange of the following information between:

<i>Nixa Public Schools</i> <i>301 S Main Street</i> <i>Nixa, MO 65714</i>	an	
<i>Attn:</i>	d	

Information included in this release:

	Cumulative permanent school records
<input checked="" type="checkbox"/>	Psychological reports
<input checked="" type="checkbox"/>	Health records
	Special education records including: current IEP Diagnostic Summary, original Consent to Evaluate and original Consent for Placement
<input checked="" type="checkbox"/>	Other (specify): Treatment plan encouraging school re-entry

This information is being requested for the following reason(s):

	Transfer of student to this/another district
	New enrollment/re-enrollment
	Hospitalization
	Contractual Placement
<input checked="" type="checkbox"/>	Other (specify): Homebound Placement

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Signature of Parent/Legal Guardian

Date