



AUTHORIZATION TO RELEASE OR RECEIVE STUDENT INFORMATION

Name of Student: _____ Birthdate: _____

Name of School Attended: _____ Grade _____ Year _____

Address: _____

School Phone & Fax Number: _____

Last Date of Attendance: _____

Please send copies ONLY - Please DO NOT send student folders to:

(Preferred) EMAIL TO: emiparker@kearneycats.com
or
@kearneycats.com

OR MAIL TO: Kearney High School
Attn: Counseling Office
2702 West 11th St
Kearney, NE 68845

OR FAX TO: 308-698-8061

Phone: 308-698-8073

Records to be requested and/or released are:

- ☐ Please release all records pertaining to this student: cumulative school records, including, but not limited to: directory information, attendance records, transcripts, health records, standardized test results and activities participation; subsidiary school records such as those listed below.

Comments: _____

Subsidiary school records, specifically:

- | | |
|---|--|
| ☐ Student Assistance Team Report (Prereferral Information) | ☐ Individualized Education Plan (IEP) |
| ☐ Multi-Disciplinary Team Reports (Including:) | ☐ Section 504 Records & Plans |
| ☐ Psychological Testing Results | ☐ Disciplinary Records |
| ☐ Speech/Language/Hearing Results | ☐ High Ability Records (Gifted) |
| ☐ Physical Therapy Results | ☐ Occupational Therapy Results |
| ☐ Outside Agency Reports: (specify) _____ | ☐ Teacher/Counselor observations |
| ☐ Other: (specify) _____ | ☐ ELL (English Language Learner) |

Medical Information, specifically:

- | | |
|--|--|
| ☐ Physical assessments/screening | ☐ Health History |
| ☐ Immunization | ☐ Medications (current and history) |
| ☐ Care Plans/Individual Health Plans | |
| ☐ Other specific information to be disclosed: _____ | |

Purpose of Medical Information: _____

This authorization is valid for one year. I understand that I may revoke this authorization at any time by submitting written notice. I recognize that these records may not be protected by HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act. Verbal or written information will only be shared with appropriate staff for legitimate education purpose.

Parent/Guardian Signature _____

Phone Number _____

Date _____