

Callaway Public School
PO Box 280
Callaway, NE 68825
Phone: (308)836-2272
Fax: (308) 836-2771

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION AND PERSONAL RECORDS

THE SOURCE OF SUCH RECORDS IS: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

CONTACT PERSON: _____

PHONE: _____

FAX: _____

TO WHOM IT MAY CONCERN:

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974, understanding that I have a right to receive a copy at my own expense, if I so request; and an opportunity for a hearing to challenge the content of these records. I also understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

You are hereby authorized to release, from your school, the following records concerning:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Please forward the following Regular Education records to:

Callaway Public Schools
PO Box 280
Callaway, NE 68825
Phone: 308-836-2272
Fax: 308-836-2771

Include: Birth Certificate, Social Security Number, Immunization Records, Test Scores and Grades, Other _____

Please forward the following Special Education records to:

Sandhills Education Services Coop
323 N. 7th Avenue
Broken Bow, NE 68822
Phone: 308-872-5606
Fax: 308-872-5741

Include: Special Education Records, Most Recent Test Scores, Most Recent Verification, Most Recent IEP

Signature of Parent, Guardian, or Adult Student

Dated: Month, Day, and Year