

Bellevue Public Schools

"Proudly serving the Bellevue/Offutt Community"

2600 Arboretum Drive • Bellevue, Nebraska 68005-3501

Telephone: (402) 293-4000 • Fax: (402) 293-5002

Email: bps@bpsne.net • Website: www.bellevuepublicschools.org

Att. 3-7/24

Student records information will be released only when the request for such information is accompanied by a written consent of the parents/guardians of students under 18 years of age or eligible students.

Individuals, agencies or institutions are reminded that they cannot subsequently release any of the student records information without a written consent from the parent/guardian of a student under 18 years of age or an eligible student (18 years of age or older or enrolled in a post-secondary educational institution).

I, hereby, as the student, parent/guardian of a student under 18 years of age or an eligible student (a student, or former student, 18 years of age or older or enrolled in a post-secondary educational institution), freely give my consent to:

(name and address of forwarding individual, agency, or institution)

for release of the information below that is identified by an "X" in the appropriate box. Signify denial of consent in the same manner.

Type of Information to be Released

CONSENT	CONSENT
GRANTED	DENIED

<input type="checkbox"/>	<input type="checkbox"/>	Official permanent record (Parent's Name & Address, Student's Name, Birthdate, Grade Level, Academic and/or Vocational work completed, Transcript of courses taken and Grades received, Attendance Data)
<input type="checkbox"/>	<input type="checkbox"/>	Test Scores - Standardized Achievement, Aptitude, Ability, and other such tests
<input type="checkbox"/>	<input type="checkbox"/>	Personality and Interest inventories
<input type="checkbox"/>	<input type="checkbox"/>	Observations, ratings, information and records gathered by certified staff
<input type="checkbox"/>	<input type="checkbox"/>	Health Data and Immunizations
<input type="checkbox"/>	<input type="checkbox"/>	Psychological evaluations
<input type="checkbox"/>	<input type="checkbox"/>	Special Education Information (Includes IEP's, MDT's, Progress Reports, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Other data (specify):

on _____
(student's full name) _____ Maiden name (if applicable) _____

(name and address of receiving individual, agency, or institution)

Please specify the reason for the release of the records specified above.

I (do/do not) wish to be provided a copy of the records specified above. I understand that if I do wish to be provided a copy of the records specified above, it will be at my expense.

Date _____

Signature of Student or Parent/Guardian of Eligible Student

Phone

*** If copies are requested to be sent to the student, the release form needs to be notarized for proof of signature. ***

State of

County of _____

The foregoing instrument was acknowledged before me this

_____ by _____
(date) (name of person acknowledged)

Notary Public signature

⌘ Affix Seal Here ⌘

Address

Email

Year graduated or last year attended

School graduated from or attended