BELLEVUE EAST HIGH SCHOOL
1401 HIGH SCHOOL DRIVE
BELLEVUE, NE   68005
(402) 293-4151 OR FAX (402-827-8558)

RELEASE FORM FOR TRANSCRIPTS AND TEST SCORES

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 form 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, freely give my consent to:

Bellevue East High School
1401 High School Drive
Bellevue, NE   68005

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

Type of Information to be Released

CONSENT GRANTED	CONSENT DENIED	
_____	_____	Official permanent record (Parent's Name & Address, Student's Name, Birth date, Grade Level, Academic and Vocational work completed, Transcripts, and Attendance)
_____	_____	Test Scores- Standardized Achievement, Aptitude, Ability, and others
_____	_____	Health Data
_____	_____	Other (specify: _____)

Student Name _____

Information to be sent to: Any and all colleges, universities, military, or other higher institutions of learning plus any and all scholarships for which I apply.

_____   _____
(Signature of parent/guardian or eligible student)   Date

_____
 (Address)

_____
(Phone)