



# Fort Calhoun Community Schools

Gateway to the Past. Pioneers of the Future.

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fax: (877) 674-0137  
www.fortcalhounschoos.org

## A REQUEST FOR AN AUTHORIZATION TO RELEASE STUDENT RECORDS

I hereby authorize appropriate personnel at:

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This request and authorization is for:

- ☐ 1. Cumulative scholarship record(s). (Including an explanation of the grading system.)
- ☐ 2. Student Health record(s).
- ☐ 3. Group/individual standardized test score record(s).
- ☐ 4. Psychological evaluations.
- ☐ 5. Special education assessment, verification and individual educational planning records.
- ☐ 6. Courses in progress and grades at the time of withdrawal.
- ☐ 7. Birth Certificate
- ☐ 8. State Student Number (this refers to new student transfers only)
- ☐ 9. Other \_\_\_\_\_

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STUDENT: \_\_\_\_\_  
Name Date of Birth Grade if Applicable

Please forward the information/records identified in the request to the registrar at:

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\_\_\_\_\_  
Signature  
Must be at least 18 years of age

\_\_\_\_\_  
Date