Bellevue Public Schools

"Proudly serving the Bellevue/Offutt Community"

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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 GRANTED	CONSENT DENIED	
☐	☐	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)
☐	☐	Test Scores - Standardized Achievement, Aptitude, Ability, and other such tests.
☐	☐	Personality and Interest inventories.
☐	☐	Observations, ratings, information and records gathered by certified staff.
☐	☐	Health Data (includes hearing/vision reports).
☐	☐	Psychological evaluations.
☐	☐	I.Q. Test results.
☐	☐	Special Education Information (Includes IEP's, MDT's, Progress Reports, etc.)
☐	☐	Email
☐	☐	Other data (specify): _____

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

to _____

_____
(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, Parent/Guardian or Eligible Student

_____ _____
Phone

_____
Address

Year graduated or last year attended _____

School graduated from or attended _____