



PARENTAL PERMISSION FORM RELEASE OF INFORMATION FROM RECORDS

I authorize the release of information from (previous school):

Student Name: _____ Date of Birth: _____

School
Address
Phone/Fax

I consent to the release of personally identifiable information from the student's education records to the school circled below. It is understood that this information will be used in a confidential and professional manner in the best interest of the child.

Bennington Elementary School	Pine Creek Elementary School	Heritage Elementary School	Bennington Middle School	Bennington High School
11620 N. 156 Street P.O. Box 309 Bennington, NE 68007 Phone: (402) 238-2690 Fax: (402) 238-2185	7801 N. HWS Cleveland Blvd. P.O. Box 309 Bennington, NE 68007 Phone: (402) 238-2372 Fax: (402) 238-2416	9950 Rosewater Parkway P.O. Box 309 Bennington, NE 68007 Phone: (402) 238-2095 Fax: (402) 238-3351	11121 N. 168 th P.O. Box 309 Bennington, NE 68007 Phone: (402) 238-3082 Fax: (402) 916-5823	16610 Bennington Road P.O. Box 309 Bennington, NE 68007 Phone: (402) 238-2447 Fax: (402) 238-2950

I authorize the release of information from/to (other source):

Name : _____ Title: _____

Hospital/Facility Name: _____

Address: _____

Phone #: _____ Fax #: _____

You are authorized to release the following records:

- ____ Any and All Records
- ____ Academic Reports
- ____ Medical and Health Records
- ____ Psychological Evaluations
- ____ Disciplinary Records
- ____ Standardized Examination Records
- ____ Special Education Records
- ____ Other

Date

Signature of Parent or Guardian