



# 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 <sup>th</sup> 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

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

\*Valid Until \_\_\_\_\_ - (Unless otherwise noted, this authorization is considered valid for as long as the Bennington Public School District determines appropriate.)

\*Limitations: \_\_\_\_\_  
(Unless otherwise noted, no limitations are imposed on the consent to release records. I understand that the records may include the social security number of this student).

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent or Guardian