

## Student Personal Files

AR-5205

The following information shall be kept in each student's academic file:

- I. Personal data.
- II. Family data.
- III. Health records.
- IV. Scholastic records.
- V. Record of extracurricular activities.
- VI. Vocational or post-high school interests or preferences.
- VII. Records standardized tests.
- VIII. Attendance records.
- IX. Graduation data.
- X. A record of who has accessed the student's files and the date accessed.
- XI. Comments or letters made by students, his or her parents or guardian, or staff members.
- XII. A record of when and to whom copies of the student's records have been sent.
- XIII. Other information as desired or needed.

The following form or it's equivalent shall be completed when information is requested from a student's personal file. A copy of this form shall remain in the student's file.

**FREEMAN PUBLIC SCHOOLS  
PO BOX 259  
ADAMS NE 68301  
PHONE: 402-988-2525    FAX: 402-988-3475  
REQUEST FOR THE RELEASE OF INFORMATION**

\_\_\_\_\_  
Name of Student      (Include Maiden Name if applicable)      Date of Birth

Graduation Date: \_\_\_\_\_ School: \_\_\_\_\_

Please send the information or records indicated below to:

Name of institution or organization: \_\_\_\_\_

Street Address/PO Box \_\_\_\_\_

City, State, Zipcode \_\_\_\_\_

Information or records to be sent:

- \_\_\_\_\_ Information including transcript of grades and test results.
- \_\_\_\_\_ Medical information.
- \_\_\_\_\_ Psychological information.
- \_\_\_\_\_ Psychiatric information.
- \_\_\_\_\_ Social or case history.
- \_\_\_\_\_ Other information.

\_\_\_\_\_  
Requested By: Parent/Guardian or Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requestor's Mailing Address

\_\_\_\_\_  
Telephone Number

*NOTE: This request must be personally presented to school officials by the individual listed above. If the request is received by someone other than the above signed individual or received by mail the above signature must be witnessed and signed as follows.*

State of \_\_\_\_\_ )

)

County of \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_ My commission expires \_\_\_\_\_ .

**REQUEST TO WITHHOLD RELEASE OF PERSONAL INFORMATION**

It is requested that school records or information concerning

\_\_\_\_\_ not be released to any institution or  
Name of Child

organization without written authorization from the student or his or her parents or guardian. Unless the school receives written notification, only authorized school personnel are to have access to information.

\_\_\_\_\_  
Requested By: Parent or Guardian

\_\_\_\_\_  
Date