

**FREEMAN PUBLIC SCHOOLS
REQUEST FOR RELEASE OF INFORMATION
PROCEDURES**

In order to provide your school records to another institution/organization, the student (if over 18) or legal guardian (if under 18) must follow *one* of the following processes.

1. Complete the attached form and *hand deliver* to us (bring a form of identification also)
2. Complete the attached form with your *signature witnessed and notarized, then fax or mail to us.*
3. Sign the institution/organization's request form and have them send the request to us.

NOTE: If using this form, be sure to complete the request in full and to have your signature notarized if you will not be delivering it to us in person. This will speed the processing of your request.

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 _____ .