

**ARCADIA PUBLIC SCHOOLS**  
P.O. Box 248  
Arcadia, NE 68815  
Ph. (308) 789-6522 Fax (308) 789-6214

---

**RELEASE/REQUEST FOR STUDENT RECORDS**

In accordance with State and Federal law, this form is to authorize the \_\_\_\_\_ Schools to release written records for the purpose of legitimate educational planning for:

Name of Student: \_\_\_\_\_ Birth date: \_\_\_\_\_  
School Name: \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_

**Records to be requested and/or released are:**

\_\_\_\_\_ Cumulative school records, including but not limited to transcripts, immunization records, attendance records, birth certificate, and standardized test results.

\_\_\_\_\_ Other school records, specifically:

\_\_\_\_\_ Student Assistance Team Reports

\_\_\_\_\_ Standards and Assessments

\_\_\_\_\_ Multi-Disciplinary Team Reports

\_\_\_\_\_ Individualized Educational Plan (IEP)

\_\_\_\_\_ Psychological Testing Results

\_\_\_\_\_ Section 504 Records & Plans

\_\_\_\_\_ Speech/Language/Hearing Results

\_\_\_\_\_ Disciplinary Records

\_\_\_\_\_ Occupational Therapy Results

\_\_\_\_\_ High Ability Records (Gifted)

\_\_\_\_\_ Physical Therapy Results

\_\_\_\_\_ Other: (specify) \_\_\_\_\_

\_\_\_\_\_ Outside Agency Reports (specify): \_\_\_\_\_

\_\_\_\_\_ Other (specify): \_\_\_\_\_

**Records are REQUESTED FROM:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Records should be SENT TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\* In granting you written consent, you maintain the right to revoke your consent at any time. It is the parent's/guardian's responsibility to notify the school district if you wish to do so.