



**O'NEILL PUBLIC SCHOOLS  
 AUTHORIZATION FOR RELEASE OF INFORMATION  
 635 N 4<sup>TH</sup> STREET  
 O'NEILL, NE 68763**

<b>ADMINISTRATIVE OFFICE          PRESCHOOL - SIXPENCE</b> 635 N 4 <sup>TH</sup> STREET PHONE – 402-336-3775 FAX – 402-336-4890	<b>HIGH SCHOOL 7-12</b> 540 EAST HYNES PHONE – 402-336-1544 GUIDANCE OFFICE – 402-336-2667 FAX – 402-336-1105	<b>ELEMENTARY SCHOOL K-6</b> 1400 NORTH 4 <sup>TH</sup> STREET PHONE – 402-336-1400 FAX – 402-336-2651
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STUDENT  
 NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

REQUESTING AGENCY: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SENDING AGENCY: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX # \_\_\_\_\_ E-MAIL: \_\_\_\_\_

THE INFORMATION TO BE RELEASED:

- VERBALLY       WRITTEN       TWO-WAY COMMUNICATION  
 MEDICAL INFORMATION  
 PSYCHOLOGICAL INFORMATION  
 PSYCHIATRIC INFORMATION  
 SCHOOL INFORMATION, INCLUDING TRANSCRIPTS, TEST RESULTS  
 SOCIAL OR CASE HISTORY  
 OTHER \_\_\_\_\_

INFORMATION TO BE  
 USED FOR: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

A PHOTOCOPY OF THIS SIGNED AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.  
 THIS RELEASE MAY BE REVOKED AT ANY TIME.

PARENT/GUARDIAN  
 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_