



AURORA HIGH SCHOOL RELEASE/REQUEST OF STUDENT INFORMATION

This is an authorization by a parent, guardian, or eligible student for the Aurora Public Schools to exchange written and/or verbal information for the purpose of legitimate educational interest and planning for.

Name of Student _____ Date of Birth _____

Address _____

Records to be released and/or requested include:

_____ Cumulative school records (transcripts, attendance, health records, standardized test results, birth certificate, immunizations, activities participation)

_____ Special Education records (Multidisciplinary Team reports, IEP, Student Assistance Team information, Progress reports)

_____ Title I File

_____ Medical reports and/or records

_____ Other _____

The following named person, party, or class of parties are authorized by the parent, guardian, or eligible student to exchange written and/or verbal information of the above.

Information Requested from:

Name of School: _____

Address: _____

Information can be sent to:

*Aurora High School
Sheila Hasenkamp, Counselor
300 L Street
Aurora, NE 68818
Fax: 402-694-4028*

Signature of Parent/Guardian/Eligible Student

Date

Doug Kittle
Principal
402-694-6968

Cody Hoegh
Assistant Principal
402-694-6968

Sheila Hasenkamp
Guidance Counselor
402-694-6968