

CODE #506.1E3

AUTHORIZATION TO OBTAIN STUDENT RECORDS

I hereby grant permission to:

FORMER SCHOOL: _____

ADDRESS: _____

CITY: _____ **STATE:** _____

ZIP: _____

(If more than one school has records, please list other schools below.)

to release the following information to the Nevada Community School District:

- | | |
|--------------------------------------|---|
| 1. Health Record & Immunization Card | 5. Special Service Contracts |
| 2. Standardized Tests | 6. Teachers' Comments |
| 3. Cumulative Record Cards | 7. Parent Authorizations |
| 4. Psychological Reports | 8. Special Education Records
including IEP |

STUDENTS' NAME	CURRENT GRADE
_____	_____
_____	_____
_____	_____
_____	_____

DATE: _____ **SIGNED:** _____

RELATIONSHIP: _____

Thank you for your prompt response to this request!

PLEASE FORWARD RECORDS TO: Superintendent's Office
1035 15th Street
Nevada, Iowa 50201-1952