



Broken Bow Public Schools Request Of Student Records

Student Name _____ Current Grade _____ DOB _____

Last School/Agency Attended _____

School/Agency Address _____

Phone _____ Fax _____ Email _____

I hereby authorize school personnel from the above referenced school/agency to release records for the student names to the following school.

Broken Bow Public Schools
Jennifer Gibbons-District Registrar
323 North 7th Avenue
Broken Bow, NE 68822
(308)872-6821
FAX (308)872-2751
Jennifer.gibbons@bbps.org

Information should include:

- Transcript/Grades
- Test Scores
- Courses in progress and grades at time of withdrawal, if applicable
- Health and Immunization Records
- Birth Certificate
- Attendance Record
- Achievement Tests
- Psychological records
- Special Ed Records- IEP/MDT
- Behavior Records
- Other Information as noted _____

Signature of Parent or Guardian
(If student is under 18 years of age)

Date

According to the Final Regulations-Family Education Rights and Privacy Act (Beckley Amendment dated June 17, 1976) it is not necessary to obtain written consent to release school records to other schools. It states in Section 99.31 that prior consent is not required if the disclosure is to officials of another school or school system in which the student seeks or intends to enroll.

Notice of Non-Discrimination

The Broken Bow School District does not discriminate on the basis of race, color, national origin, gender, marital status, disability, or age in addition or access to, or treatment of employment, in its programs and activities.