



STUDENT RECORD RELEASE

To: Registrar, University of Nebraska High School (UNHS)

From: _____
First Name MI Last Name

_____ *Permanent Address* Street

_____ City State Zip

I consent to the disclosure of any personally identifiable information from my education records as well as confidential academic information; including, but not limited to grades and course progress; for reasons determined by UNHS as appropriate, to the following person or persons:

Name: _____ Relationship to student: _____

Permanent address (if different from student):

_____ Street

_____ City State Zip

Name: _____ Relationship to student: _____

Permanent address (if different from student):

_____ Street

_____ City State Zip

Name: _____ Relationship to student: _____

Permanent address (if different from student):

_____ Street

_____ City State Zip

This authorization shall be effective until _____.

Signature of student: _____ Date: _____

*A parent or guardian must also consent to the disclosure of high school education records of students under the age of 18.

Signature of parent: _____ Date: _____