

Student Record Release Form

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

From:

First Name MI Last Name

Street (Permanent Address)

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:

UNIVERSITY OF NEBRASKA HIGH SCHOOL

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