



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

206 S 13th St Ste 800, Lincoln, NE 68588-0226
 Toll-free: (866) 700-4747 • Local & International (402) 472-3388
 highschool@nebraska.edu • highschool.nebraska.edu

© 2023, The Board of Regents of the University of Nebraska. All rights reserved. • The University of Nebraska does not discriminate based upon any protected status. Please see go.unl.edu/nondiscrimination.

