

# Student Record Release

 [highschool.nebraska.edu](https://highschool.nebraska.edu)  [X.com/UNHSchool](https://X.com/UNHSchool)  [facebook.com/NebraskaHighSchool](https://facebook.com/NebraskaHighSchool)  [linkedin.com/school/unhschool](https://linkedin.com/school/unhschool)

**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:*

**Person 1:** \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
\_\_\_\_\_  
Street (Permanent) Address (if different from student) \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Person 2:** \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
\_\_\_\_\_  
Street (Permanent) Address (if different from student) \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Person 3:** \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
\_\_\_\_\_  
Street (Permanent) Address (if different from student) \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

This authorization shall be effective until: \_\_\_\_\_

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_  
Print and Sign this Form. Handwritten Signature is Required

\*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: \_\_\_\_\_  
Print and Sign this Form. Handwritten Signature is Required

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