



# 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: \_\_\_\_\_

