ST0004
8/08

AUTHORIZATION FOR RELEASE OF INFORMATION
Department of Student Services
Lincoln Public Schools

Form for Student Records Release–Non-Medical Provider

PART I Identification

Student's Name: _____ Date of Birth: _____

Disclosing Party: _____ School: _____

Address: _____ City: _____ State: _____ Zip: _____

PART II Release of information to LPS by Another School, Entity or Person

I hereby authorize the Disclosing Party and its employees and agents to disclose education and other records in the possession or control of the Disclosing Party to LPS.

1. YOU ARE AUTHORIZED TO DISCLOSE THE FOLLOWING RECORDS AND INFORMATION:
   - ☐ All records about Student and any other information requested by LPS
   - ☐ Scholastic Grades ☐ Psychological Evaluations ☐ Activity Records ☐ Discipline Records
   - ☐ Health Records ☐ Standardized Test Scores ☐ Special Education Records
2. THIS AUTHORIZATION IS VALID UNTIL: _____ (Note: Unless otherwise stated, I request that this authorization be considered as valid for 12 months from date of signature)

PART III Release of information by LPS to Another School, Entity or Person

I hereby authorize LPS and its employees and agents to disclose education and other records in its possession or control to:

(Name of School, Entity, or Business to which records are to be sent)

1. YOU ARE AUTHORIZED TO DISCLOSE THE FOLLOWING RECORDS AND INFORMATION:
   - ☐ All records about Student and any other information requested by Recipient
   - ☐ Scholastic Grades ☐ Psychological Evaluations ☐ Activity Records ☐ Discipline Records
   - ☐ Health Records ☐ Standardized Test Scores ☐ Special Education Records
2. THIS AUTHORIZATION IS VALID UNTIL: _____ (Note: Unless otherwise stated, I request that this authorization be considered as valid for 12 months from date of signature)
3. PURPOSE: What is the purpose of the requested disclosure? _____

PART IV FERPA Notice

Provisions of the Family Education Rights and Privacy Act (FERPA) require parental or guardian permission in order to release nondirectory information about students under 18 years of age. Those individuals 18 years of age or over may have information released upon the authorization of their own signature. Lincoln Public Schools will provide copies of records at the request of another school district where the student seeks or intends to enroll. Records from other sources (i.e., letters from non-school staff members, hospital reports or outside assessment agencies, etc.) which are used in educational planning and have been placed in the student's record at the parent's request will be forwarded.

PART V Send Records to LPS at: Name _____

Address _____

Lincoln, NE 685 _____

For Questions Contact: **Lincoln Public Schools, Department of Student Services**
5901 O Street, Lincoln, NE 68510
Phone: (402) 436-1688

_____ _____

Signature of Parent (or Student if of Age of Majority) Date

_____

Contact Information (Address & Phone)

Note: If medical or health records are needed by LPS from a health care provider, such as a hospital, clinic, or doctor, you will be requested to sign a separate Authorization for Release of Health Information form.