



School District #145
Commitment to Excellence

Release of Student Information

Student Name _____ Current Grade _____ DOB _____

Last School/Agency Attended _____

School Address _____

School Phone _____ School Fax _____

I hereby authorize school personnel from the above referenced school to release records for the student named to the following school.

_____ Hamlow Elementary
14541 Castlewood
P.O. Box 426
Waverly, NE 68462
Phone: 402-786-2341
Fax: 402-786-2780

_____ Eagle Elementary
600 South 1st St.
Eagle, NE 68347
Phone: 402-781-2210
Fax: 402-781-2068

_____ Waverly Intermediate School
14621 Heywood
P.O. Box 426
Waverly, NE 68462
Phone: 402-786-5340
Fax: 402-786-3385

_____ Waverly Middle School
13801 Amberly Rd.
P.O. Box 426
Waverly, NE 68462
Phone: 402-786-2348
Fax: 402-786-2782

_____ Waverly High School
Counseling Office
13401 Amberly Rd.
P.O. Box 426
Waverly, NE 68462
Phone: 402-786-2765 x 208
Fax: 402-786-2760

Information should include:

- Transcript/Grades
- Test Scores
- Courses in progress and grades at the time of withdrawal, if applicable
- Health & Immunization Records
- Birth Certificate
- Attendance Record
- Achievement Tests
- Psychological Records
- Special Ed Records/IEP

Other information as noted _____

Signature of Parent or Guardian
(If student is under 18 years of age)

Date