

RONCALLI CATHOLIC HIGH SCHOOL
RELEASE OF RECORDS

STUDENT: _____
Last Name First Name Middle Name

DATE OF BIRTH _____/_____/_____

INFORMATION IS TO BE RELEASED BY:

RECEIVING SCHOOL

RONCALLI CATHOLIC HIGH SCHOOL
6401 SORENSEN PARKWAY
OMAHA, NE 68152
(402) 571-7670
(402) 571-3216

INFORMATION REQUESTED:

- _____ Official Transcript/Grades/Courses
- _____ Teacher/Counselor Observations
- _____ Health Records including Immunizations
- _____ Standard Test Scores
- _____ Other: _____

The Family Educational Right and Privacy Act of 1974 states: "Schools may not send a student's school records to other institutions without parent or legal guardian permission. If the student is 18 years old or older, the student must give permission."

I authorize the release of the above requested information:

Student Date

Parent or Guardian Date