

Hay Springs Public Schools

P.O. Box 280
Hay Springs, NE 69347
308-638-4434
308-638-7500 (fax)

Mr. Stephen Pummel
Superintendent/Principal

REQUEST FOR THE RELEASE OF SCHOOL RECORDS DATA

Full Name of Student _____

Release being requested by () Parent () Student (of age) () School Official

Please send data to:

Hay Springs Public Schools
District #3/ Records Dept.
PO BOX 280
Hay Springs, NE 69347

FAX: (308) 638-7500
PHONE: (308) 638-4434

DATA TO BE RELEASED

() ACADEMIC RECORDS

1. Basic information
2. Grades and work completed
3. Attendance data
4. Scores on standardized tests
5. Extra-curricular activities
6. Health data

() BEHAVIORAL/DISCIPLINARY RECORDS

1. Statements concerning performance and/or personality.
2. Home environment information
3. Reports from parent/teacher conferences
4. Records of disciplinary action

() PSYCHOLOGICAL REPORTS AND/OR SPECIAL EDUCATION RECORDS

RECORDS TO BE RELEASED TO: _____

(Name of New School)

(Mailing address of new school)

Signature of Parent, Student, or School Official: _____ Date _____