

**AUTHORIZATION FOR RELEASE OF INFORMATION**  
**Santee Community 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 SCS 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 SCS.

**1. YOU ARE AUTHORIZED TO DISCLOSE THE FOLLOWING RECORDS AND INFORMATION:**

- All records about Student and any other information requested by SCS
- 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 until I revoke it in writing)

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

I hereby authorize SCS 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 until I revoke it in writing)

**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. Santee Community 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/Questions to SCS at:**

Attn: Angie Corderman (402) 857-2741  
206 Frazier Ave E., Santee, NE 68670

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent/Guardian (or Student if of Age of Majority)*

\_\_\_\_\_  
*Contact Information (Address and Phone)*

**Note: If medical or health records are needed by SCS 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.**