Ansley Public Schools
Authorization to Request and/or Provide
Student Record Information

To Authorize Request of Information to the Ansley Public Schools for

Student_____Date of Birth_____

From (School Name)_____Ph. No._____

Address_____Fax No._____

Dates of Attendance_____Grade last attended_____

Purpose of Records Request_____

Information Requested:

_____Academic
_____Attendance
_____Behavior
_____District Testing
_____Non-District Reports
_____Special Services Assessment - including psychological, speech, language, hearing, physical therapy, occupational therapy audiology, casework, medical, vocational, etc.
_____Transcript
_____Other_____

Return information to:

Ansley Public School
PO Box 370
Ansley, NE 68814
Phone 308-935-1121 Fax 308-935-9103

Counselor: Milissa Birnie
email: mbirnie@ansleyps.org

_____ _____
Signature of Person Giving Consent Date

_____
Current Address City State Zip Code

_____ _____
Phone Relationship to Student