

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