

# Hay Springs Public Schools District #3

Dr. Ernest Griffiths  
Superintendent/Principal

Mr. Mikal Shalikow  
Assistant Principal/AD

<b>Hay Springs School</b> P.O. Box 280 Hay Springs, NE 69347 308-638-4434 308-638-7500 (fax)	<b>Mirage Flats School</b> 4346 440 <sup>th</sup> Road Hay Springs, NE 69347 308-232-4517 308-232-4647 (fax)
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## **REQUEST FOR THE RELEASE OF SCHOOL RECORDS DATA**

### Board of Education

Keith Kearns  
President

Marvin Blundell  
Vice President

Lesa Parker  
Treasurer

Everette Langford  
Secretary

Jolene Kuhn  
Member

Jerry Matthews  
Member

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**

#### **(X) 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

#### **(X) 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

#### **(X) PSYCHOLOGICAL REPORTS AND/OR SPECIAL EDUCATION RECORDS**

I hereby request the release of the above indicated data in accordance with the rights afforded me by Federal and Nebraska State Statutes. I understand that I have the right to inspect such records before their release, to receive a copy of the, if requested, and to challenge any such information contained therein.

Signature of Parent, Student, or School Official: \_\_\_\_\_ Date \_\_\_\_\_



Schools Attended for the Previous 2 Years:

Student: \_\_\_\_\_

	<u>School Name</u>	<u>Town/Location</u>	<u>Phone #</u>	<u>Attendance Dates</u>
1.	_____	_____	_____	_____ to _____
2.	_____	_____	_____	_____ to _____
3.	_____	_____	_____	_____ to _____
4.	_____	_____	_____	_____ to _____

