

# Grand Island Central Catholic Schools

1200 Ruby Avenue Grand Island, NE 68803

PH: 308-384-2440 FX: 308-389-3274



## RELEASE OF STUDENT INFORMATION

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MOST RECENT SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

- RECORDS TO BE RELEASED:
- |   |   |
|---|---|
| <input type="checkbox"/> Academic (courses & grades)                    | <input type="checkbox"/> Test Scores                        |
| <input type="checkbox"/> Evaluation Data                                | <input type="checkbox"/> Grades Earned (at time of leaving) |
| <input type="checkbox"/> Achievement and/or Competency Test Scores      |   |
| <input type="checkbox"/> Health Records                                 | <input type="checkbox"/> Chemical Abuse Procedure Violation |
| <input type="checkbox"/> Psychological or Special Education Information |   |

Said school has my authorization to release records, and other information as indicated above, to Grand Island Central Catholic Schools for the student listed above.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

Please send above  
information to:

**School Records Department**  
**Grand Island Central Catholic Schools**

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