



LOUISVILLE LIONS

Louisville Public Schools

Cameron Soester

Andrew Farber

Shane Mathis

Secondary Principal

Superintendent

Elementary Principal

STUDENT RELEASE OF INFORMATION FORM

(STUDENTS MOVING FROM A DISTRICT)

Date: _____

IN ACCORDANCE WITH STATE AND FEDERAL LAWS CONCERNING CONFIDENTIAL RECORDS, I HEREBY AUTHORIZE THE APPROPRIATE PERSONNEL OF :

Last School Attended (ELEMENTARY)

Street Address

City, State and Zip Code

Fax #

To release the following confidential records on:

Student	Birthdate	Grade in School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Transcript/Report Cards

Standardized Test Scores

Immunization Records/ Birth Certificate

IEP/ MDT / and Psychological

PLEASE FORWARD THIS INFORMATION TO: Louisville Public Schools Attn: Lisa Sheehan

202 West 3rd Street P.O. Box 489

Louisville, NE 68037 Fax # 844-367-3680

Signature of Parent/Guardian

Signature of Student (18 or older)