

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

# REQUEST FOR RELEASE OF RECORDS

To George Stone School – A Teacher-Training Laboratory at Union College

TO: Principal/Registrar of last school

Last school: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please forward school records for the student(s) below to:**

George Stone School  
Attn: Jackie Simpson, Records Officer  
3800 S 48<sup>th</sup> Street  
Lincoln NE 68506

Student Last Name	Student First Name	Middle Name	Grade	DOB

I give my permission to forward all school records that are needed for this transfer of school enrollment including:

- Cumulative folder and/or report cards
- Withdrawal grades with your grading key
- Health and psychological records
- Academic testing information
- Individual Education Plan and related information



\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date