

Student Name: _____

REQUEST FOR RELEASE OF RECORDS

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

TO: Principal/Registrar

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 48th 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