

**CEDAR BLUFFS PUBLIC SCHOOLS**

**110 E. Main Street – PO Box 66  
Cedar Bluffs, NE 68015**

402-628-2060

402-628-2108 – Fax

**AUTHORITY TO TRANSFER  
STUDENT RECORDS**

I, \_\_\_\_\_, the parent or legal guardian of

Student \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

do hereby authorize the following records:

- Records of Grades
- Grades at time of withdrawal
- Attendance records
- Lunch Status
- Assessment Scores for State Standards
- Copy of Birth Certificate
- Proof of age, medical data, immunizations, etc
- Psychological, education and emotional assessments
- Active IEP's for any special services, (ie. Speech, resource, gifted)
- Discipline records
- Title I Programming
- Standardized test results

**Previous School Name/Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous School Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

Parents Address: \_\_\_\_\_ Parent Phone: \_\_\_\_\_  
\_\_\_\_\_

**Send Records To:** Cedar Bluffs Public Schools  
P.O. Box 66  
Cedar Bluffs, NE 68015