

**PLEASE COMPLETE
AND RETURN**

**NORRIS CITY-OMAHA DIST. # 3
Norris City, Illinois 62869**

As a result of the enactment of the Family Education Rights and Privacy Act of 1974, we are unable to send records, files, of data directly relating to an individual student without the consent and notification of the student or the parent or legal guardian of a student under 18 years of age.

If you wish the records sent to your school, please sign below and return.

Parental Authorization for permission of access

I hereby request the _____
(name of previous school, agency or institution)

Street Address City State Zipcode

to release and/or send the records of _____
Student's name

Previous Address

Birth Date Current Grade Placement Current Year

To the person, agency, or institution listed and in agreement with the following.

Please send records to: **Norris City-Omaha Grade School**
P O Box 399
580 US Hwy. 45 South
Norris City, Illinois 62869
(618)378-3212
(618)378-3902 (fax)

What records to be released: _____ Scholastic Record _____ Medical Report
 _____ Psychological Evaluation _____ Immunization Record _____ Others

Reason for release: _____

Parent's Signature Date

Street Address City State Zip Code