

Humboldt County School District
310 East Fourth Street
Winnemucca, NV 89445

AUTHORIZATION TO RELEASE RECORDS

I authorize the release of the following information regarding:

Student Name:	Birth Date:
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<input type="checkbox"/> Cumulative Records	<input type="checkbox"/> School health Records
<input type="checkbox"/> Achievement Test Records	<input type="checkbox"/> Medical Records
<input type="checkbox"/> Psychological Educational Evaluation Records	<input type="checkbox"/> Speech Therapy
<input type="checkbox"/> Special Education Records	<input type="checkbox"/> Nevada School ID Number (If Applicable)
Other:	

If Speech records, special education or psychological educational evaluation records are at a different agency, please make a copy and forward to that agency.

I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Signature: _____ Date: _____

Parent Guardian School Secretary

Student over age 18

Send Records To:

Humboldt County School District
310 E. Fourth Street
Winnemucca, NV 89445
Phone (775) 623-8100
Fax (775) 623-8102

Records From:

School Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____

The final regulations of the Family Education Rights and Privacy Act (as amended on July 17, 1976) allow educational institutions to transfer records **WITHOUT WRITTEN CONSENT** to another school system in which the student has enrolled.