



## Oakland-Craig Public Schools

309 N. Davis Avenue  
Oakland, NE 68045-0105  
www.ocknights.esu2.org

Elementary School  
Phone: 402-685-5631  
Fax: 402-685-6734

Junior-Senior High & Business Office  
Phone: 402-685-5661  
Fax: 402-685-5697

*"Home of the Oakland-Craig Knights"*

### Authorization For Student Release Record

Date of Request: \_\_\_\_\_

Full Legal Name Of Student:

\_\_\_\_\_  
(Last Name)                      (First Name)                      (Initial)                      (Birth Date)

Information to be released from:

\_\_\_\_\_  
(Name of School)

\_\_\_\_\_  
(School Address)                      (City)                      (State)                      (Zip Code)

\_\_\_\_\_  
(Phone #)                      (Fax #)                      (Registrar or Counselor Email)

Information to be released to:

Annie Magnusson  
Oakland-Craig School Counselor  
309 North Davis  
Oakland, NE 68045  
amagnusson@ocknights.org

\_\_\_\_\_  
(Student Signature – if of majority age)

\_\_\_\_\_  
(Parent Signature)

Records Authorized For Release:

\_\_\_\_ Academic Records                      \_\_\_\_ Test Scores                      \_\_\_\_ Birth Certificate

\_\_\_\_ Health Records                      \_\_\_\_ Attendance Records

\_\_\_\_ Psychological Records                      \_\_\_\_ Individual Education Plans

\_\_\_\_ Reports Regarding IEP                      \_\_\_\_ Other \_\_\_\_\_



## Student Information

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

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Cell \_\_\_\_\_

Ethnic Origin \_\_\_\_\_

Is there any language other than english spoken in the home? Y / N

If available, in what language would you prefer to receive communication from the school?

English \_\_\_\_\_ Other \_\_\_\_\_

## Parent/Guardian Information

Father \_\_\_\_\_

Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Mother \_\_\_\_\_

Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Second Parent Information-(We are legally obligated to inform all custodial parents who have educational rights.)

Second Parent Name \_\_\_\_\_

Second Parent Mailing Address \_\_\_\_\_

Second Parent Email \_\_\_\_\_

## Step Parents

Step-Parent #1 \_\_\_\_\_

Day Phone/Cell Phone \_\_\_\_\_

## **ONE CALL NOW**

Oakland-Craig Schools uses a parent notification system by email, home phone, cell phone or text and is used for snow days, emergency closures, time changes, etc.

\_\_\_ New Account

\_\_\_ Change to Current Account

### **Method you wish to receive notifications:**

Name \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Cell Text # \_\_\_\_\_

Home Phone # \_\_\_\_\_

### **Additional contacts: (optional)**

Name \_\_\_\_\_

(relationship to student \_\_\_\_\_)

Email \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Cell Text # \_\_\_\_\_

Home Phone # \_\_\_\_\_