

RELEASE REQUEST

In compliance with the Family Educational Rights and Privacy Act of 1975 (PL93-3580) (Buckley Amendment, Title V, Sec. 513-515, pp. 89-91) a reasonable effort must be made to notify the parent or eligible student of the exchange of school information. This form should be used only when circumstances require parental consent.

Please release the records of the named student as indicated below:

Student's Name	Date of Birth	Grade
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Please send complete educational records and health records of the student named above to the following address:

**Howells Community Catholic School
114 N 6th Street
Howells, NE 68641**

I certify that I am the parent(s) or legal guardian(s) of the above named student.

Signature of Parent/Guardian	Date
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Address	City	State	Zip
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Thank You,

Mrs. Carol Vogel, Administrator
Howells Community Catholic School