



Norris School District #160

25211 S. 68th Street
Firth, Nebraska 68358

RELEASE OF INFORMATION

Regarding the records of _____
Student's Name Date of Birth

I give permission to _____
Person/Agency/School

Address/City/State

Phone Number(s)

To exchange written and/or verbal information with Norris School District #160 staff about the above named student.

I am requesting that Norris Public School, District #160 staff release or receive information for the following reason: (If you do not desire to list a specific reason, writing "at the request of the individual" is all that is required.)

The specific records/information that can be shared with Norris School District #160 are:

- | | |
|---|---|
| <input type="checkbox"/> Psychological Evaluations | <input type="checkbox"/> Neuropsychological Evaluations |
| <input type="checkbox"/> Treatment History | <input type="checkbox"/> Therapy Records/Progress Notes |
| <input type="checkbox"/> Drug and Alcohol Evaluations | <input type="checkbox"/> SCIP Evaluations |

This authorization will remain in effect for one year from the date of signature. I understand that once information is disclosed to a person/agency/school outside Norris School District #160, the recipient may redisclose it and the information may not be protected by federal or state privacy laws/regulations.

I understand that I have the right to revoke this authorization at any time by sending a written notice to the Norris School District #160 address listed above, attention to the designated staff member named below. I understand that the revocation will not apply to information that has already been released following this authorization.

Signature of Student Date

Signature of Parent/Guardian Date

Norris School District #160 Staff Member Requesting Information Exchange

Staff Name Position

Staff Phone Number Staff e-mail