



RELEASE OF REQUEST FOR STUDENT INFORMATION

Student Name

Birth Date

Grade

I hereby authorize the following school/agency to release and send a complete transcript of the above student's records, grade status, achievement test scores, attendance, health records, and psychological evaluations, certified copy of birth certificate, and other information helpful in placing him/her.

Copies of grade/or report cards showing the grades this student has earned in each of his/her classes up to the time of withdrawal should be included. Please include an explanation if the student is coming from a school with a nontraditional grading/credit system.

Records to be sent from:

Guidance Department
Bergan Catholic HS/MS
545 East

Guidance Department
Fremont Middle School
540 Johnson Rd.
Fremont, NE 68025

Guidance Department
Fremont Senior High School
1750 North Lincoln St.
Fremont, NE 68025

Guidance Department
Bergan Elementary School
1515 N. Johnson Rd.
Fremont, NE 68025

Other School Name and Address:

Records to be sent to:

Guidance Department
Bergan Catholic HS/MS
545 East

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540 Johnson Rd.
Fremont, NE 68025

Guidance Department
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1750 North Lincoln St.
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Guidance Department
Bergan Elementary School
1515 N. Johnson Rd.
Fremont, NE 68025

Other School Name and Address:

Signature of Parent/Guardian

Date