

Milford Jr/Sr High School

301 G Street, Milford, NE 68405
Office # 402-761-2525 Fax 402-761-2663



REQUEST FOR RELEASE OF SCHOOL RECORDS

Name of Student _____ DOB: _____

Current Address	Former Address
_____	_____
_____	_____
_____	_____

Former School _____

Phone# _____ Fax: # _____

Have you ever been suspended or expelled from a school? _____ YES _____ NO

Release requested by (check one) _____ Parent _____ Guardian _____ Student (if 18 yrs of age)

Signature of Parent/Student (if 18 yrs of age)

Date

Please email or fax the requested information to # 402-761-2663 (fax) or:

Registrar: rebekah.augustyn@milfordps.org

School Counselor: rose.kenney@milfordps.org

Academic Records Requested:

- Transcript
- Graduation Cohort Year
- Attendance Data
- Special Education Records (*if applicable*)
- Achievement Test Scores
- Extracurricular Activities
- Birth Certificate
- Immunization & Health Records
- Withdrawal grades (if appropriate)