

# 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)