

Milford Elementary School

1200 W 1st St, Milford, NE 68405
Office # 402-761-2408 Fax 402-761-3322



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

Signature of Parent/Guardian

Date

Please email or fax the requested information to:

Registrar: tracy.yeackley@milfordps.org or Milford Elementary Fax: #402-761-3322

Academic Records Requested:

- Transcript of Grades
- Birth Certificate
- Attendance Data
- Achievement Test Scores
- Psychological Tests
- Immunizations & Health Records
- IEP, Diagnostic Tests and Related Special Education Materials
- Any other material to insure proper placement