

# Milford Elementary School

1200 W 1<sup>st</sup> 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](mailto: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