

P. O. Box 890 Lexington, Nebraska 68850-0890 (308) 324-4681 (308) 324-2528 – fax

http://www.lexschools.org

Student Name:		Date of Birth:	
I hereby authorize			
	Agency/Prov	ider Name	
	Agency/Prov	ider Address/Phone	
educational or medical eva	ools to exchange health and duation, program planning, lent is attending Lexington	and providing services and	l treatment. This consent shal
Activity Records Standardized Achie Copy of Birth Certi Health & Immuniza		Results withdrawal d Special Eductesting report	Record (including ate) ation Records(psychological as, speech, visual and/or ards, IEP)
Signature of Parent/Legal guardian	Adult Student		Date Signed
		o the school circled below	**************************************
Bryan Elementary School 1003 N. Harrison Lexington, NE 68850 Ph: 308-324-3762 Fax: 308-324-7471	Pershing Elementary School 1104 N. Tyler Lexington, NE 68850 Ph: 308-324-3765 Fax: 308-324-2665	School Nurses PO Box 890 Lexington, NE 68850 Ph: 308-324-1219 Fax: 308-324-2528	Lexington Middle School 1100 N. Washington Lexington, NE 68850 Ph: 308-324-2349 Fax: 308-324-6612
Morton Elementary School 505 S. Lincoln Lexington, NE 68850 Fax: 308-324-2138	Sandoz Elementary School 1711 N. Erie Ph: 308-324-5540 Fax: 308-324-2350	Lexington High School 705 W. 13 <sup>th</sup> Ph: 308-324-4691 Fax: 308-324-7224	

The family Educational rights and Privacy Act, "allows schools to disclose records, without consent, to other schools to which a student is transferring." Informed consent.doc