



300 S. Washington St.
P. O. Box 890
Lexington, Nebraska 68850-0890
(308) 324-4681

Authorization for Exchange of Student Records/Information

Student Name: _____ Date of Birth: _____

I hereby authorize _____

Agency/Provider Name

Agency/Provider Address/Phone

and Lexington Public Schools to exchange health and education information/records for the purpose of educational or medical evaluation, program planning, and providing services and treatment. This consent shall be valid as long as the student is attending Lexington Public Schools. I authorize information release as specified below:

- | | |
|---|---|
| <input type="checkbox"/> School Records (most recent transcript) | <input type="checkbox"/> Progress Report |
| <input type="checkbox"/> Activity Records | <input type="checkbox"/> Attendance Record (including withdrawal date) |
| <input type="checkbox"/> Standardized Achievement and Aptitude Test Results | <input type="checkbox"/> Special Education Records(psychological testing reports, speech, visual and/or hearing records, IEP) |
| <input type="checkbox"/> Copy of Birth Certificate | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> Health & Immunization Records | |
| <input type="checkbox"/> Physician's History & Physical Exam & Visits | |

Signature of Parent/Legal guardian/Adult Student

Date Signed

Please send records to the school circled below
If one is not circled, please send record to the address in the header

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

Lexington High School
705 W. 13th
Ph: 308-324-4691 Fax:
308-324-7224

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