



HOWELLS-DODGE CONSOLIDATED SCHOOLS TRANSCRIPT/RECORDS REQUEST

Name _____

Student's name when enrolled _____

Previous High School School Attended (Howells, Dodge or HDC) _____

Year of Graduation _____

Phone # you can be reached at _____

Address _____ City _____ State _____ Zip _____

Reason for the release: _____

Records Requested: Academic Records (Transcript)
 Immunization Records (if available)

Release requested By: Self
 Parent (if student is under age 18)
 Employer
 College
 Other _____

Please mail/fax records to the following address:

Fax #: _____

Definitions of the above records comply with the guidelines for such records under Nebraska State Law. Complete data is not kept on every student; however, all data which is kept must conform to the above classifications and are kept separate. Under state law, academic records are kept permanently, behavioral/disciplinary records are destroyed upon the student's graduation or three years of continuous absence.

I hereby request the release of the above indicated data in accordance with those rights afforded me by Federal and Nebraska Statutes. I understand that I have the right to inspect before their release, to receive a copy of them if requested, and to challenge any information contained therein.

Signature _____

Date _____

(If records are requested for a student under the age of 18 a parent's signature is required)