## SOUTHERN PUBLIC SCHOOLS REQUEST FOR TRANSFER OF INFORMATION PROCEDURES

In order to provide your school records to another institution/organization, the student (if over 18) or legal guardian (if under 18) must follow one of the following processes.

- 1. Complete the attached form and hand deliver to us.
- 2. Sign the institution/organization's request form and have them send the request to us.

## **Southern Jr/ Sr High School** PO Box 237 115 South 11th St. Wymore, NE 68466 Phone: 402-645-3326 Fax: 402-645-8049

## **Southern Elementary School**

315 West 2nd St. Blue Springs NE 68318 Phone: 402-645-3359 Fax: 402-645-3740

## **REQUEST FOR THE TRANSFER OF INFORMATION**

Name of Student (if married, include maiden name)	Date of Birth	Graduatio	on Date
Name of institution or organization to receive reco	rds:		
Street:			
City, State, Zip:			
Phone No			
Information or records to be sent:			
Information including transcript of grades a   Nebraska State Student Number   Nebraska State Standards Information   Medical information.   Psychological information.   Psychiatric information.   Special Education records.   Other Information		_	
Requested By: Parent/Guardian or Studen	t	Date	
Requester's Mailing Address		Telephone Number	