



Winnebago Tribe of Nebraska Education Department CONFIDENTIAL RELEASE OF INFORMATION

I, _____, do hereby authorize the **Winnebago Tribe**
(Parent/Guardian)

of Nebraska Education Department, with the address at **319 Frenchman St. Winnebago, NE 68071** to release

the following records pertaining to: _____
(Student)

RECORDS (check all that apply):

- Permanent Record (name, address, birth date, grade level completed, grades, class standing, attendance, standardized achievement, ability, aptitude test scores)
- Individualized Education Program (IEP)
- Attendance Reports
- Grade Reports
- Extracurricular Activities, Sports, Awards, Etc.
- Verbal & Electronic Communication

I understand the following programs fall under the Winnebago Tribe of Nebraska Education Department and will have access to the authorized records:

- Career Technical Education Program
- Educational Pathways to Student Success (EPSS)
- Higher Education Department
- Johnson-O'Malley Program (JOM)
- Summer Youth Employment Program (SYEP)

I understand that this information obtained will be treated in a confidential manner by the school district under the provisions of the Family Education Rights and Privacy Act (FERPA). FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances.

I understand that this authorization to release the records will remain effective until I revoke it in writing and in the understanding that the recipient shall use the information in compliance to applicable laws.

I understand that my consent for the release of records is voluntary and I can withdraw my consent at any time in writing. Should I withdraw my consent, it does not apply to information that has already been provided under the prior consent for release.

Parent/Guardian Signature (if student is under 18 years old):

Date

Student Signature (if student is 18 years or older)

Date