

Creighton Preparatory School

Authorization for Exchange of Student Information

Student Name: _____ Date of Birth: _____

School/District/Other: _____ Contact Person: _____

Office Phone: _____ Office FAX: _____

Address: _____

City: _____ State: _____ Zip: _____

I authorize Creighton Preparatory School to release and/or exchange information with the school, school district or other named above through verbal, written and electronic communication regarding the student named above. This information includes:

- All records pertaining to the named student and any other requested records.
- Academic Records
- Attendance Records
- Co-curricular Records
- Discipline Records
- Guidance and Counseling Records
- Health Records
- Psychological Evaluations
- Special Education Records
- Standardized Test Scores

This authorization is valid until: _____. Unless otherwise stated, this authorization will be considered valid for twelve (12) months from the date of the signature.

With some exceptions, Creighton Prep requires parental or guardian permission in order to release non-directory information according to its policy on Family and Student Educational Rights and Privacy that is stated in the Student-Parent Handbook.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Creighton Preparatory School
7400 Western Avenue
Omaha, NE 68114
Phone: 402-393-1190
Registrar FAX: 402-343-1889
Dean of Students FAX: 402-548-3807