



RELEASE OF STUDENT INFORMATION REQUEST

Student Name

Birth Date

Grade

I hereby authorize the following school/agency to release and send a complete transcript of the above student's records, grade status, achievement test scores, attendance, health records, and psychological evaluations, certified copy of birth certificate, and other information helpful in placing him/her.

Copies of grade/or report cards showing the grades this student has earned in each of his/her classes up to the time of withdrawal should be included. Please include an explanation if the student is coming from a school with a nontraditional grading/credit system.

Records to be sent from:

_____ Guidance Department
Bergan Catholic HS/MS
545 East 4th St.
Fremont, NE 68025

_____ Guidance Department
Bergan Elementary School
1515 N. Johnson Rd.
Fremont, NE 68025

Other School Name and Address:

Records to be sent to:

_____ admissions@berganknights.org or
Guidance Department
Bergan Catholic HS/MS
545 East 4th St.
Fremont, NE 68025 or email

_____ Guidance Department
Fremont Middle School
540 Johnson Rd.
Fremont, NE 68025

_____ Guidance Department
Fremont Senior High School
1750 North Lincoln St.
Fremont, NE 68025

_____ admissions@berganknights.org or
Guidance Department
Bergan Elementary School
1515 N. Johnson Rd.
Fremont, NE 68025

Other School Name and Address:

Signature of Parent/Guardian

Date