



## 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 4<sup>th</sup> 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 4<sup>th</sup> 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

\_\_\_\_\_ Brenda.Kohl@berganknights.org  
or Zoey.Hurst@berganknights.org  
1515 N. Johnson Rd.  
Fremont, NE 68025

Other School Name and Address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date