



NNVVA

Northeastern Nevada Virtual Academy
Elko County School District

AUTHORIZATION FOR RELEASE OF PUPIL RECORDS

(Please complete all requested information)

Previous School:	
Street/Po Box:	
City, State, Zip:	
Phone:	
Fax:	

PLEASE SEND THE FOLLOWING EDUCATION RECORDS FOR

Student Full Name	Date of Birth	Current Age
-------------------	---------------	-------------

<input checked="" type="checkbox"/> Grades 9-12 (Transcript)	<input type="checkbox"/> Grades K-8 (Copy of Last Report Card)
<input type="checkbox"/> Test Records	<input type="checkbox"/> Attendance Records
<input type="checkbox"/> Health Records	<input type="checkbox"/> ALL AVAILABLE

If student listed is a part of the **Special Education** program please include:

<input checked="" type="checkbox"/> Current 504 Plan	<input checked="" type="checkbox"/> Current IEP
<input checked="" type="checkbox"/> Eligibility Evaluation Report	<input checked="" type="checkbox"/> Statement of Eligibility

I hereby attest that I have legal authority to request release of these records and that they will not be divulged to other parties without the written consent of the parent or legal guardian. This in compliance with the Family Educational Rights and Privacy Act of 1974.

SEND RECORDS TO THE FOLLOWING SCHOOL SITE

School:	Northeastern Nevada Virtual Academy
Address:	850 Elm Street / PO Box 1012
City, State, Zip:	Elko, NV 89803
FAX or Email to:	(775) 738-0808 jmorriso@ecsdnv.net

PARENT

SIGNATURE: _____ **Date** _____