

**D2 Center**  
 United Way of the Midlands  
 Omaha Public Schools  
 Consent to Release Student Records

**2019- 2020**

The Omaha Public Schools (OPS) seeks to support students and families and to remove barriers to success in school. OPS works with Omaha area community organizations to provide district identified needs and student and family support programs. Organizations working with the OPS are required to monitor and report student progress toward program goals.

Program staff views student information stored by the United Way of the Midlands and by OPS. The program uses the information to monitor and evaluate their services. OPS must approve any research to study the impact of participation in this community program using the student information.

Parental consent is required for OPS to release the requested student information from your child's education records. Eligible students age 18 or older may consent to the release of their information. An eligible student may sign this consent form.

**By signing this form, I give consent to the Omaha Public Schools to release all of the student information listed below. I give consent to the Omaha Public Schools to release any additional student information approved by OPS in the future to the program and the United Way of the Midlands. (Signature and date required below).**

**Student Demographic Information**

District, State ID Numbers  
 Student Name, Date of Birth, Addresses  
 Gender, Race, Ethnicity  
 Home/Correspondence Language, ELL, LEP  
 Enrollment, School, Grade

**Attendance**

Absences, Dates, Reasons

**Schedule / Grades / GPA**

Class Schedule, Grades, GPAs  
 Transcripts/Credits

**Parent / Guardian Demographic Information**

Name, Relationship to Student, Address, Telephone Numbers

**District, State, and National Test Scores**

Not to include scores for internal OPS use only

**Emergency Contact Information**

Name, Relationship to Student, Telephone Numbers

**School and Program Staff Communication**

Eligibility of student to participate  
 Progress toward program goals

**Medical Flags**

This Consent to Release Student Records expires November 1<sup>st</sup> following a terminating event listed below:

- When my child no longer participates in the program, (D2 to inform OPS) or
- When my child transfers from the school district, or
- When my child graduates from high school, turns age 21, or
- The parent/guardian or eligible student revokes this consent by contacting OPS Student Information Services.

Student Last Name (legal): <span style="float: right;">Please print</span>	Student Number:
Student First Name (legal): <span style="float: right;">One student per consent form</span>	School: <span style="float: right;">Grade:</span>
Student Middle Name (full):	Agency/Program: <b>D2 Center</b>
Home Address:	Birth Date : mm / dd / yy
City: <span style="float: right;">Zip:</span>	Gender: M / F
Are you the legal guardian of this student? Yes / No If No, do not sign. The records will not be released without the signature of the parent/guardian of record at OPS. If you need to establish legal guardianship, contact the student's school for assistance.	
Parent Last Name (legal):	Relationship to Student:
Parent First Name (legal):	Home Phone:
Parent Middle Name (full):	Cell Phone:
Parent/Guardian Signature:	Date: mm / dd / yy
Eligible Student Signature (age 18 or older):	Date: mm / dd / yy

**2019- 2020**

Office Use Only

Verified

Programs

Sections

Initials

Below are examples of data released with your consent to the United Way of the Midlands.

**Student Demographic Information**

Student ID Number  
Student Name  
Date of Birth  
Gender and Race  
Home and Correspondence Language  
School, School Year, Grade Level  
Student Picture

**Parent / Guardian Contact Information**

Parent Name  
Parent Address  
Parent Telephone Numbers  
Parent email Address

**Medical Flags**

Emergency Medical Conditions  
Anaphylaxis  
Asthma  
Diabetes  
Medical Other  
Seizures

**Attendance**

Attendance

**Grades/GPA**

Report Card Grades  
GPA Current  
GPA Cumulative  
Transcripts

**State and National Test Scores**

California Achievement Tests  
PLAN  
State Math  
State Reading  
State Science  
State Writing  
ACT

**\* Communication with School Staff**

Regarding eligibility of student to participate  
Regarding progress toward program goals

\*Not released to United Way of the Midlands

Abajo están ejemplos de la información que será liberada con su consentimiento al el United Way of the Midlands.

**Información Demográfica del Estudiante**

Número de estudiante  
Nombre del estudiante  
Fecha de Nacimiento  
Sexo y Raza  
Idioma de la Casa y de Correspondencia  
Escuela, Año Escolar, Nivel de Grado  
Foto del Estudiante

**Información de Contacto de Padre/Tutor**

Nombre del Padre  
Dirección del Padre  
Números de Teléfono del Padre  
Dirección de correo electrónico del Padre

**Indicadores Médicos**

Condiciones Médicas de Emergencia  
Anafilaxia  
Asma  
Diabetes  
Otro Medico  
Ataque

**Asistencia**

Asistencia

**Grados/ Transcripción de GPA**

Boleta de Calificaciones  
GPA Actual  
GPA Acumulativo

**Calificaciones de Exámenes Estatales y Nacionales**

Examen de Logro de California  
PLAN  
Examen Estatal de Ciencias  
Examen Estatal de Escritura  
Examen Estatal de Matemáticas  
Examen Estatal de Lectura  
ACT

**\* Comunicación con Personal de la Escuela**

En cuanto a la elegibilidad del estudiante a participar  
Con respecto a progreso hacia las metas del program

\* No es liberado a United Way of the Midlands.