

**D2 Center**  
 Collective for Youth  
 Omaha Public Schools  
 Consent to Release Student Records

**2022 - 2023**

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 Collective for Youths 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. An additional consent will be required for any such research or evaluation including, but not limited to, surveys, interviews and questionnaires.

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 Collective for Youth. (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  
 participate

**School and Program Staff Communication**

Eligibility of student to

**Medical Flags**

Progress toward program goals

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):	Please print	Student Number:
Student First Name (legal):	One student per consent form	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:	Zip:	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:
<b>Parent/Guardian Signature:</b>		<b>Date:</b> mm / dd / yy
<b>Eligible Student Signature (age 18 or older):</b>		<b>Date:</b> mm / dd / yy

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Office Use Only

Verified

Programs

Sections

Initials