

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

**2018- 2019**

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                                |

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

**Attendance**

Attendance

**Grades/GPA**

Report Card Grades  
 GPA Current  
 GPA Cumulative  
 Transcripts

**Parent / Guardian Contact Information**

Parent Name  
 Parent Address  
 Parent Telephone Numbers  
 Parent email Address

**State and National Test Scores**

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

**Medical Flags**

Emergency Medical Conditions  
 Anaphylaxis  
 Asthma  
 Diabetes  
 Medical Other  
 Seizures

**\* 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

**Asistencia**

Asistencia

**Grados/ Transcripción de GPA**

Boleta de Calificaciones  
 GPA Actual  
 GPA Acumulativo

**Información de Contacto de Padre/Tutor**

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

**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

**Indicadores Médicos**

Condiciones Médicas de Emergencia  
 Anafilaxia  
 Asma  
 Diabetes  
 Otro Medico  
 Ataque

**\* 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.