## Creighton University - TRIO Talent Search Program 2024-2025

Consent to Release Student

Records Omaha Public Schools

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 OPS are required to monitor and report student progress toward program goals.

Program staff requests information for student recruitment and monitoring progress toward program goals. End of year data is provided and 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.

The consent of a parent or a legal guardian of the student is required for OPS to release the requested student information from your child's education records. Eligible students aged eighteen or older may consent to the release of their own student records.

By signing this form, I give consent to the Omaha Public Schools to release all of the student information in the categories/examples 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. (Signature and date required below).

**Student Information** Name Address

Parent / Guardian Demographic Information Name, Address found on Grade Reports Transcripts/Credits/GPA Class Schedule School and Program Staff Communication

**Student Information** 

Term Grade Reports

Eligibility to participate in the program Progress toward program goals

This Consent to Release Student Records expires upon any of the following events, whichever comes first:

- When my child no longer participates in the program, or (CU Talent Search to inform OPS-SIS), or
- When my child transfers from OPS, graduates, or
- When OPS releases end of year data after one of the preceding events, or
- When a parent/guardian requests OPS Student Information Services to revoke the consent.

Student Last Name (legal):	Student Number:
Student First Name (legal):	School: Grade:
Student Middle Name (full):	Program: CU TRIO Talent Search
Home Address:	Birth Date: mm / dd / yy
City: Zip:	Gender: M / F
Are you the legal guardian of this student? Do we have the documents of guardianship in our files? Yes / No If No, do not sign. The records will not be released without the signature of the parents/guardians of record in OPS. If you need to establish legal guardianship, contact the student's school.	
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
<b>2024 - 2025</b> Office Use Only  Urified  I Flags	□ Initials