

**Student Record System ~ SRS** *Special Education*  
**Nebraska School Districts**

Return to:  
Nebraska Department of Education (NDE)  
Special Populations  
P. O. Box 94987  
Lincoln, NE 68509-4987  
Attention: System Administrator – SRS

**SCHOOL DISTRICT MANAGER REQUEST AND AUTHORIZATION**

I, \_\_\_\_\_, as the authorized representative of the Board of Education  
(Name)

for the \_\_\_\_\_ Public Schools which is District No., \_\_\_\_\_, of  
\_\_\_\_\_ County, hereby **certify** \_\_\_\_\_  
(Name)

as the official School District Manager for the Nebraska School District Special Education  
Student Record System (SRS).

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date