

Albany Area Schools, District 745

Avon Elementary
410 Avon Avenue
Avon, MN 56310
320-845-5300
Fax 320-232-1141

Albany Elementary
10 Forest Avenue
Albany, MN 56307
320-845-5200
Fax 320-232-1139

Albany Middle School
30 Forest Avenue, PO Box 40
Albany, MN 56307
320-845-5069
Fax 320-232-1140

Albany High School
30 Forest Avenue, PO Box 40
Albany, MN 56307
320-845-5071
Fax 320-232-1140

AUTHORIZATION FOR RELEASE OF INFORMATION

Date of birth Grade Student name

Parent or guardian name (s) Address

City, State Zip

I authorize Albany Area Schools to obtain records from

City, State Zip Address

Phone Fax

Indicate the specific information to be released or available:

All of the choices below

- Athletic physical exam
- Attendance reports
- Career planning & writing portfolios
- Chemical abuse/dependency reports
- Discipline reports
- Grade transcript
- Health reports & immunizations
- Key to grading system

- Medical reports
- Official school records
- Psychiatric reports
- Psychological reports
- Social work reports
- Special education records
- Teacher, counselor, staff observations
- Telephone contact

Other (specify)

These records are required for the purpose of:

This authorization will remain in effect for a maximum of one year from the date of signature and may be cancelled in writing at any time. A photocopy of this authorization will be treated in the same manner as the original.

or Guardian Date Relationship to student Signature of Parent

Return records to: _____ at

_____ at the address listed in the letterhead.