



### Consent to Release Records

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

I authorize \_\_\_\_\_ District # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

to release information to:       to obtain information from:      (Check either or both boxes, as needed)

Name, Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School records may be examined by parent(s), or student if age 18 or older.

- Health Record
- Psychological Reports
- Special Education Records *(including related services)*
- Teacher, Counselor, Staff Observations
- Others *(specify)* \_\_\_\_\_
- Others *(specify)* \_\_\_\_\_
- Chemical Abuse/Dependency Report
- Medical Report *(including related services)*
- Psychiatric Report
- Social Work Report

The purpose of this request: \_\_\_\_\_  
\_\_\_\_\_

I understand this authorization takes effect the day I sign it. It cannot exceed one year, and expires either:  
on \_\_\_/\_\_\_/\_\_\_ (mm/dd/yy), or one year from the date of my signature. I also understand that I can stop or change this  
consent at any time by sending a written request to:

\_\_\_\_\_

I further understand I may refuse to sign this authorization and it will not affect my child’s ability to receive educational services. The laws that protect the information identified on this release, in some situations, may allow or require this entity to re-disclose this information, but only as permitted by law, according to the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), and the Minnesota Government Data Practices Act (MGDPA or Minnesota Statutes, Chapter 13). A copy of this release form is as valid as an original and I will receive a copy of this authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form interpreted by: \_\_\_\_\_