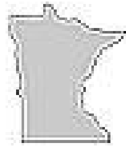

So. Washington County School District 833
7362 E Point Douglas Road S
Cottage Grove, MN 55016-3025

CONSENT TO RELEASE PRIVATE DATA

Student's Name: ______________________ ID#: __________ Date: __________

School: ______________________ Grade: ______ Date of Birth: __________

Name: ______________________ authorizes District: **So. Washington County School District 833 (#0833)**

☐ to release the specific information identified below *to*:

☐ to obtain the specific information identified below *from*:

Name of individual or entity: ______________________

Address: ______________________

____

____

☐ Health/Medical Records — Created between and

☐ Special Education Records — Created between and

☐ Chemical Abuse/ Dependency Reports — Created between and

☐ Psychological/Psychiatric Reports — Created between and

☐ Staff Observations — Created between and

☐ Social Work Report — Created between and

☐ Other (specify) — Created between and

For the purpose of:

I understand this authorization

- takes effect the day I sign it
- cannot exceed one year, and expires either
  - ☐ on __/__/____ (mm/dd/yyyy), or
  - ☐ one year from the date of my signature
- **can be stopped any time by sending a written request to**

Return this form to the name/address shown above

I further understand:

-I may refuse to sign this authorization and it will not affect my child's ability to receive educational services,

-Protected health information used or disclosed pursuant to the authorization may or may not be subject to re-disclosure by the recipient

-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 Health Insurance Portability and Accountability Act [HIPAA], Family Educational Rights and Privacy Act [FERPA], Minnesota Government Data Practices Act [MGDPA or 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:** __________