



COMMUNITY PARTNER PORTAL
CONSENT TO RELEASE AND OBTAIN PRIVATE STUDENT DATA – Level 1

Student's Name: _____ Birthdate (MM/DD/YY): _____

School: _____ Grade: _____ Student ID #: _____

I authorize Special School District No. 1, Minneapolis Public Schools, to exchange written and verbal information about my student with the following community partner organization (CPO): _____.

Specifically, I authorize MPS to:

- Release written and verbal information to the CPO;
- Obtain written and verbal information from the CPO; and
- Allow the CPO to schedule a time with the school to see my student at school during non-academic time.

I authorize MPS to release to the CPO the following written and verbal information about my student:

- **Demographics and Contact Information:** Includes student name, mailing address, telephone number, email address, photograph, date of birth, grade, current school, student ID, home language, race/ethnicity, Special Education status, English Language Learner status
- **Enrollment:** Includes student enrollment history with MPS
- **Attendance and Schedule:** Includes daily and period attendance for the current school year, reasons for absences, and class schedule for the current school year

1. I understand that this consent takes effect the day that I sign it. It expires 1 year from the date of signature.
2. I may change this consent at any time by sending a written notice to the organization named above.
3. School officials may disclose this information if authorized or required by law to do so. A photocopy of this completed form is as valid as the original.

Parent/Caregiver Signature (or Student, if of legal age)

Month/Day/Year

Parent/Caregiver Printed Name (or Student, if of legal age)