



Authorization for Release of Information

Section I

Student's Name: _____ Date: _____
Date of Birth: _____ ID: _____ Gr: _____
School: _____

Section II

Parent/Guardian Name: _____

Authorizes:

_____ District Name/Number	_____ Staff Person Responsible
_____ School Responsible	_____ Address

Check X:

_____ to release the specific information identified below to:

_____ to obtain specific information identified below from:

Name of individual or entity, Title: _____

Organization: _____

Address: _____

Documents that currently exist

Check X:	(check X)	Documents created between
_____ Health Records	_____	_____ and _____
_____ Medical Reports	_____	_____ and _____
_____ Chemical Abuse/Dependency Report	_____	_____ and _____
_____ Psychological Reports	_____	_____ and _____
_____ Psychiatric Report	_____	_____ and _____
_____ Teacher/Counselor/Staff Observations	_____	_____ and _____
_____ Special Education Records	_____	_____ and _____
_____ Social Work Report	_____	_____ and _____
_____ Cumulative File Records	_____	_____ and _____
_____ Regular Education Records	_____	_____ and _____
_____ Other Relevant Education Records	_____	_____ and _____
_____ Others (specify): _____	_____	_____ and _____

For the Purpose of: _____

Section III

I understand this authorization:

- Takes effect the day I sign it,
- Cannot exceed one year, and expires either:

Check X:

_____ on _____ (mm/dd/yy), or
_____ one year from the date of my signature

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 Health Insurance Portability & Accountability Act [HIPPA], Family Educational Rights & Privacy Act [FERPA], Minnesota Government Data Practices Act ([MGDPA or Chapter 13]),
- A copy of this release form is valid as an original, and
- I will receive a copy of this authorization.

Can be stopped any time by sending written request to:

Steve Milam
Director of Student Service
Princeton Public Schools
1506 1st Street
Princeton, MN 55371

Signature: _____

Parent, legal representative or student

Date: _____

(mm/dd/yy)