



# RELEASE OF INFORMATION

Orono Independent School District No. 278  
685 Old Crystal Bay Road North, Long Lake, MN 55356 | Phone 952-449-8300

Student's Name:			
Birthdate:	Grade:		
School:			
Parent Name:			
Parent Address:			
City:	State:	Zip:	
I authorize Orono Health Services Staff, Orono Schools #278, 685 Old Crystal Bay Road N, Long Lake, MN Contact <b>Janet Franzen</b> , MSN, RN, LSN <b>Phone:</b> 952-449-8317 • <b>Fax:</b> 952-449-8453			
<input type="checkbox"/> to release information to: <input type="checkbox"/> to obtain information from: <i>(check either or both boxes, as needed)</i>			
Name and Title:			
Organization:			
Address:			
City:	State:	Zip:	
Phone:	Fax:		
Student records may be examined by parent(s), or student if age 18 or older. The information to be released:			
<input type="checkbox"/>	Official School Records (name, address, birthdate, sex, attendance record, grade level, grades, class rank, standardized group test results)	<input type="checkbox"/>	Chemical Abuse/Dependency Report
<input type="checkbox"/>	Health Record	<input type="checkbox"/>	Medical Report <i>(including related services)</i>
<input type="checkbox"/>	Psychological Reports	<input type="checkbox"/>	Psychiatric Report
<input type="checkbox"/>	Special Education Records	<input type="checkbox"/>	Social Work Report
<input type="checkbox"/>	Teacher, Counselor, Staff Observations	<input type="checkbox"/>	
<input type="checkbox"/> Other (specify)			
<input type="checkbox"/> Other (specify)			
The purpose for the request:			
I understand that this authorization takes effect the day that I sign it. It expires on or no more than one year from the date of my signature. I also understand that I may change this authorization at any time.			
Parent Signature or Student if age 18 or older			Date: