



Tech High School

St. Cloud Area School District 

Authorization for Release of Records

Name: _____ Year of Graduation: _____ Date of Birth: _____
(Last) (First) (Middle) (Maiden) Current Phone Number: _____

I hereby authorize Tech High School/District 742 Community Schools to release information to:

(School, Organization, Agency, Individual)

(Address)

(City) (State) (Zip)

Type of information to be released:

- _____ Official administrative records (student’s name, birth date, parent’s or guardian’s names and addresses, phone numbers, grades and academic work completed, class rank, and attendance data)
- _____ Group administered standardized achievement tests
- _____ Group administered intelligence and aptitude test scores
- _____ Group administered interest inventory scores
- _____ Record of extracurricular activities
- _____ Discipline reports
- _____ Health reports
- _____ Minnesota Basic Standards Testing results
- _____ Other (specify) _____

You may authorize the release of the indicated information by signing in the appropriate place. You are entitled to review any of the indicated information prior to our release of this information to an outside agency or party.

_____ Date _____ Signature of Parent or Legal Guardian/Adult Student

