

TEAM ACADEMY  
220 17<sup>TH</sup> AVE NE  
WASECA, MN 56093

CONSENT TO  
RELEASE PRIVATE DATA

PARENT(s): This form allows information about your child to be exchanged. Please sign and return it to the designated school below.

Learner's Full Name:

Birthdate:

School: TEAM ACADEMY

Grade:

MARSS Number:

Parent(s) Name(s):

Parent(s) Address:

I authorize: TEAM ACADEMY

District:

Address: 220 17<sup>TH</sup> AVE NE

City: WASECA

State: MN

Zip: 56093

To release information to:

To obtain information from:

**Hartley**, 605 7<sup>th</sup> St NE, Waseca, MN 56093

Phone 835-2248 Fax 835-1005

**Sacred Heart**, 308 W Elm Ave, Waseca, MN 56093

Phone 507-835-2784

**Waseca Intermediate School**, 400 19<sup>th</sup> Ave NW, Waseca, MN 56093

Phone 835-3000 Fax 837-5530

**TEAM**, 220 17<sup>th</sup> Ave NE, Waseca, MN 56093

Phone 507-833-8326 Fax 507-833-8327

**Other:**

School records may be examined by parent(s), or learner if of legal age. The information to be released:

<input checked="" type="checkbox"/>	<b>Official School Records</b> (name, address, birthdate, gender, attendance record, grade level, grades, class rank, standardized group test results)		
<input checked="" type="checkbox"/>	Health Record	<input checked="" type="checkbox"/>	Chemical Abuse/Dependency Report
<input checked="" type="checkbox"/>	Psychological/Psychiatric Reports	<input checked="" type="checkbox"/>	Medical Report ( <i>including related services</i> )
<input checked="" type="checkbox"/>	Special Education ( <i>including related services</i> )	<input checked="" type="checkbox"/>	Teacher, Counselor, Staff Observations
<input checked="" type="checkbox"/>	Basic Standards Test Results	<input checked="" type="checkbox"/>	Social Work Report
<input checked="" type="checkbox"/>	A record of completed content standards	<input checked="" type="checkbox"/>	Direct Certification

☒ Others (specify)

☒ **All school records**

The purpose for the request:

I understand that this authorization takes effect the day that I sign it. It expires on \_\_\_\_\_ (M/D/Y) 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:

Date: