



Delano Public Schools
Authorization to Release Information

Student Name: _____ Date: _____

Child's Birthdate: _____ Gender: ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Number: _____

Custody Status: _____

For example: married/separated, sole legal/physical, joint legal/physical, guardian, power of attorney, etc.

Authorizes: (check all that apply)

☐☐☐☐

Delano Elementary School Tiger Drive Delano MN 55328 763-972-6200	Delano Intermediate School 683 Tiger Drive Delano MN 55328 763-972-7602	Delano High School 700 Elm Avenue East Delano MN 55328 763-972-7601	Delano Community Education 140 Elm Avenue East Delano MN 55328 763-972-6210
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☐ To release information identified below TO:

☐ To obtain information identified below FROM:

- | | | |
|--|---|--|
| ☐ Health/Medical Records | ☐ Academic Performance Reports | ☐ Special Education Records |
| ☐ Chemical Abuse/Dependency Reports | ☐ Psychiatric Report | ☐ Social Work Report |
| ☐ Psychological Reports | ☐ School/Staff Observations | ☐ Ampact Tutoring |
| ☐ Early Childhood Screening | | |

Created between ____/____/____ and ____/____/____

I understand this authorization:

- Takes effect the day I sign it
- Expires one year from the date of my signature
- Can be stopped at any time by sending a written request to the school indicated above

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 redisclose this information, but only as permitted by law HIPAA, FERPA, or MGDPA
- A copy of this release form is as valid as the original

Signature: _____ Date: _____

Parent, legal representative or student

(mm/dd/yy)