



Bloomington Public Schools
1350 W. 106th Street
Bloomington, MN 55431



Consent for Ongoing
Access to Student
Information

Student's Full Name: _____ ID: _____

Grade: _____ Birthdate: _____ School: _____

Parent or Legal Guardian Name: _____

Parent or Legal Guardian Primary Phone: _____

Parent or Legal Guardian Address: _____

The person named below may receive ongoing electronic access to electronic parent portals, school and district mailings, automated phone and/or email messages.

This access will remain until the district has been notified otherwise in writing. Access to Student Information includes student educational data including but not limited to grades, attendance, test results, health records, and transcripts for the above student.

Name: _____ DOB: _____

Address: _____

Phone Number: _____ E-Mail Address: _____

Relationship to student: _____

I, the undersigned, authorize the release the information of the student named above. I understand that this authorization takes effect the day I sign it and I may change this authorization at any time by notifying the district in writing.

X _____ Date: _____

Parent Signature