

	Bloomington Public Schools 1350 West 106th Street Bloomington, MN 55431		CONSENT TO RELEASE PRIVATE DATA
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Student's Full Name: _____ ID: _____ Month/Day/Year: _____

Grade: _____ Birthdate: _____ School _____ School Telephone _____

Parent Name | Parent Home Phone | Parent Address

I authorize _____
Person Responsible | Telephone Number | School District Number | School District Telephone Number

School Name | School Address

to release information to: to obtain information from: (Check either or both boxes as needed)

Name/ Title

Organization | Organization Telephone Number

Address

City | State | Zip

Student records may be examined by parent(s), or student if age 18 and older.

The information to be released:

- Official School Records (name, address, birthdate, sex, attendance record, grade level, grades, class rank, standardized group test results)
- Health Record
- Psychological Records
- Special Education Results (including related services)
- Teacher, Counselor, Staff Observations
- Other (specify) _____
- Chemical Abuse/ Dependency Report
- Medical Report (including related services)
- Psychiatric Report
- Social Work Report

The purpose of this request _____

I understand that this authorization takes effect the day I sign it. It expires on _____ or no more than one year from the date of my signature. (M/D/Y)

I also understand that I may change this authorization at any time.

This information shall not be released to third parties without the additional consent of the undersigned.

 X _____ Date _____
Parent Signature or Student if age 18 or older (M/D/Y)

Copies: PRF IEP Service Coordinator
Parent IEP Manager

ENCLOSED: Parent Rights and Procedural Safeguards brochure

This form is available in several languages, Braille, or other format. Contact the Building Special Education Staff.