



Centennial Schools
4707 North Road
Circle Pines, MN 55014-1898

CONSENT TO RELEASE PRIVATE DATA

Parent(s)/Legal Guardian(s):

This form allows information about your child to be exchanged. Please sign and return it to the school listed below.

Student's Full Name: _____

Birth Date: _____ Today's Date: _____
Month/Day/Year Month/Day/Year

School: _____ Grade: _____

Parent(s)/Legal Guardian(s) Name: _____

Parent(s) Legal Guardian(s) Address: _____

I authorize: _____
School district name and person responsible

Address _____

City _____ State _____ Zip Code _____

To release information to: (Check one or both boxes, as needed)

To obtain information from:

Name, Title _____

Organization _____

Address _____

City _____ State _____ Zip Code _____

Parent(s)/Legal Guardian(s), or student (if of legal age) may examine school records.

The information to be released:

Official School Records: (name, address, date of birth, sex, attendance record, grade level, grades, class rank, standardized group test results)

Health Record

Psychological Report

Special Education Records (includes related services)

Teacher, Counselor, Staff Observations

Others (specify): _____

Others (specify): _____

Chemical Abuse/Dependency Report

Medical Report (includes related services)

Psychiatric Report

Social Work Report

The purpose for the request: _____

I understand that this authorization takes effect the day that I sign it. It expires on _____ or no more than one year from the date of my signature.
Month/Day/Year

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

Parent(s)/Legal Guardian(s) Signature _____

Date _____