MINNEAPOLIS PUBLIC SCHOOLS
Urban Education. Global Citizens.

PRIVATE EDUCATIONAL DATA
CONSENT TO RELEASE and REQUEST

Learner's Full Name: _____

_____
Parent Name

ID: ☐☐☐☐ ☐☐☐ ☐☐ ☐☐☐☐ Birthdate: ☐☐ ☐☐ ☐☐
Grade _____ MO DY YR

_____
Parent Address

_____

I authorize _____ for Minneapolis Public Schools (Special School District #1)
Person responsible/Position

_____ Minneapolis, MN _____
Address of Location providing information Zip Code

(*Check either or both boxes as needed*) ☐ to release written and verbal information to: ☐ to obtain written and verbal information from:

_____
Name, Title

_____
Organization

_____
Address

_____
City *State* *Zip code*

School records may be examined by parent(s), or learner if of legal age (18 years old or older). The information to be released:

- ☐ Official School Records (name, address, birthdate, sex, attendance record, grade level, grades, class rank, standardized group test results, discipline records)
- ☐ School Health Record
- ☐ School Psychological Reports
- ☐ Special Education Records (including related services)
- ☐ Others (specify)
- ☐ Chemical Health Report
- ☐ Teacher, Counselor, other Staff Observations
- ☐ School Social Work Report

_____

The purpose for the request: _____

_____

1) I understand that this consent 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

2) I may change this consent at any time by sending a written notice of the change to the releasing school.

3) School officials may disclose this information if authorized by law to do so.

_____ _____
Parent Signature (or Learner, if of legal age) Month/Day/Year

- **MPS will not re-release information to any outside agencies without legal authority**
- **A photocopy of this completed form is as valid as the original**
- **MPS is not authorized or funded to pay for this information**

Copies: Due Process File, Cummulative Record