



Student's Name: _____,
Last Name First Name

Birthdate (MM/DD/YY): _____ Grade: _____ ID #: _____

Parent/Guardian Name

Address City State Zip code

I authorize Special School District No. 1, Minneapolis Public Schools, to release written and verbal information to, obtain written and verbal information from, and allow secured on-line access to student data and obtain on-line reports of interventions and interactions from:

Name of Organization or Person Name of Specific Program at Organization

The information to be released will be student name, address, telephone, photograph, date of birth, dates of attendance, grade, current school, student ID, and the information I initial below:

Initial Attendance: Including daily and period attendance for the current school year, reasons for absences, summary information by course for the school year, summary attendance data for the student's entire time with MPS

Initial Classes and Grades: Including skills report cards, courses taken and grades given, credits received and GPA

Initial Demographic: Including gender, home language, ethnicity, resides with name and contact information

Initial Removals & Suspension: Including infraction date, action type and days, for the current school year

Initial Enrollment/Schedule: Current courses enrollment, teachers assigned, teacher contact information

Initial Homework: Including homework assignments and scores, assignment status (missing, complete), in-class tests

Initial Special Status: Including if a student has/is an IEP or 504 Plan and English as a Second Language Learner

Initial Test Scores: Including scores for state mandated or district wide tests

Initial All other educational data necessary for the agency to provide service to the named student.

I understand that this consent takes effect the day that I sign it. It expires one year from the date of my signature. I may change this consent at any time by sending a written notice to the releasing agency.

Parent Signature (or Student, if of legal age)

Month/Day/Year

If verbal permission given to submit form:

Date: _____

Staff accepting permission:

Name: _____ Agency: _____

Method given:

Verbally over the phone. Phone number used: _____

Over e-mail. Email used: _____

Other. Please describe: _____