



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, to allow the agency to schedule a time with the school to see the student at school during non-academic time, and allow secured on-line access to student data and obtain on-line reports of interventions and interactions from:

Name of Agency and Program

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: Including student enrollment history, current courses enrollment, teachers assigned to the courses, 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, English as a Second Language Learner, and/or Go-To-Cards

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.

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 to the releasing agency.

3) School officials may disclose this information if authorized or required by law to do so. A photocopy of this completed form is as valid as the original.

Parent Signature (or Student, if of legal age)

Month/Day/Year