

Authorization for Release of Information

Section I.¹

Student's Name: _____ Date: _____

Date of Birth: ____/____/____ (mm/dd/yy) ID: _____ Grade: _____

School: _____

Section II.²

Parent/Guardian Name: _____

Authorizes:

District Name / Number

Staff Person Responsible

School Responsible

Address

to release the specific information identified below *to*:

to obtain specific information identified below *from*:

Name of individual or entity, Title: _____ Organization: _____

Address: _____

- | | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Health Records | Created between ____/____/____ (mm/dd/yy) and ____/____/____ (mm/dd/yy) |
| <input type="checkbox"/> Medical Reports | Created between ____/____/____ (mm/dd/yy) and ____/____/____ (mm/dd/yy) |
| <input type="checkbox"/> Chemical Abuse/
Dependency Report | Created between ____/____/____ (mm/dd/yy) and ____/____/____ (mm/dd/yy) |
| <input type="checkbox"/> Psychological Reports | Created between ____/____/____ (mm/dd/yy) and ____/____/____ (mm/dd/yy) |
| <input type="checkbox"/> Psychiatric Report | Created between ____/____/____ (mm/dd/yy) and ____/____/____ (mm/dd/yy) |
| <input type="checkbox"/> Teacher, Counselor, Staff
Observations | Created between ____/____/____ (mm/dd/yy) and ____/____/____ (mm/dd/yy) |
| <input type="checkbox"/> Special Education Records | Created between ____/____/____ (mm/dd/yy) and ____/____/____ (mm/dd/yy) |
| <input type="checkbox"/> Social Work Report | Created between ____/____/____ (mm/dd/yy) and ____/____/____ (mm/dd/yy) |
| <input type="checkbox"/> Others (<i>specify</i>) | Created between ____/____/____ (mm/dd/yy) and ____/____/____ (mm/dd/yy) |

For the purpose of :

Section III.³

I understand this authorization:

- takes effect the day I sign it,
- cannot exceed one year, and expires either:
 - on ____/____/____ (mm/dd/yy), or
 - one year from the date of my signature,

• can be stopped any time by sending a written request to:

I further understand:

- I may refuse to sign this authorization and it will not affect my child's ability to receive educational services,
- the laws that protect the information identified on this release, in some situations, may allow or require this entity to re-disclose this information, but only as permitted by law Health Insurance Portability and Accountability Act [HIPAA], Family Educational Rights & Privacy Act [FERPA], Minnesota Government Data Practices Act [MGDPA or Chapter 13]),
- a copy of this release form is as valid as an original, and
- I will receive a copy of this authorization.

Signature: _____ Date: _____

Parent, legal representative or student

(mm/dd/yy)

References to regulations⁴