

Authorization for Release of Information

Section I

Date: _____

Student Name: _____

Date of Birth: ___/___/___ (mm/dd/yy) Student ID #: _____

Grade: _____ School District: _____

Section II

Name: _____ authorizes District # _____

_____ to release the specific information identified below **to**:

_____ to obtain specific information identified below **from**:

Name of individual or entity: _____

Address: _____

___ Health Records Created between ___/___/___ (mm/dd/yy) and ___/___/___ (mm/dd/yy)

___ Medical Reports Created between ___/___/___ (mm/dd/yy) and ___/___/___ (mm/dd/yy)

___ Chemical Abuse/
Dependency Report Created between ___/___/___ (mm/dd/yy) and ___/___/___ (mm/dd/yy)

___ Psychological Reports Created between ___/___/___ (mm/dd/yy) and ___/___/___ (mm/dd/yy)

___ Psychiatric Report Created between ___/___/___ (mm/dd/yy) and ___/___/___ (mm/dd/yy)

___ Teacher, Counselor, Staff
Observations Created between ___/___/___ (mm/dd/yy) and ___/___/___ (mm/dd/yy)

___ Special Education Records Created between ___/___/___ (mm/dd/yy) and ___/___/___ (mm/dd/yy)

___ Social Work Report Created between ___/___/___ (mm/dd/yy) and ___/___/___ (mm/dd/yy)

___ Others (specify) Created between ___/___/___ (mm/dd/yy) and ___/___/___ (mm/dd/yy)

For the purpose of :

Section III

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; and
- 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, according to the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), and the Minnesota Government Data Practices Act (MGDPA or Minnesota Statutes, 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 eligible student

(mm/dd/yy)