



A World-Class Community of Learners

**STUDENT  
INFORMATION**

NAME: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**INFORMATION  
RELEASED  
FROM:**

PERSON / ORGANIZATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY / STATE / ZIP \_\_\_\_\_  
 FAX: \_\_\_\_\_ PHONE: \_\_\_\_\_

**INFORMATION  
RELEASED  
TO:**

PERSON / ORGANIZATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY / STATE / ZIP \_\_\_\_\_  
 FAX: \_\_\_\_\_ PHONE: \_\_\_\_\_

**INFORMATION  
TO BE  
RELEASED:**

OFFICIAL SCHOOL RECORDS (INC. TESTING)  
 HEALTH RECORDS  
 PSYCHOLOGICAL REPORTS  
 SPED RECORDS  
 CHEMICAL ABUSE/DEPENDENCY REPORT  
 MEDICAL REPORTS  
 PSYCHIATRIC REPORTS  
 SOCIAL WORK REPORTS  
 TEACHER, COUNSELOR, STAFF OBSERVATIONS  
 OTHERS: \_\_\_\_\_

**TYPE OF  
RELEASE:**

HARD COPIES  
 VERBAL EXCHANGE  
 FAX  
 REVIEW OF RECORDS

**AUTHORIZATION  
OR  
REVOCAION**

**This authorization will terminate in one year unless otherwise specified: \_\_\_\_\_**  
**This authorization may be canceled in writing to Fridley Public Schools at any time. A cancellation will not change the releases that happen before the cancellation. I understand that when the health information is released, the information could be re-disclosed by the third party that receives it and may no longer be protected by federal or state privacy laws. I understand that Fridley Public Schools will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign the consent form. I may refuse to sign this authorization, and it will not affect my child's ability to receive educational services. Your signature indicates that you have read and understand this form and authorize release of the information as described above.**

Parent/Guardian (or student of legal age): \_\_\_\_\_ Date: \_\_\_\_\_

Authority to act on behalf of student (attach document): \_\_\_\_\_