

**Waseca Public Schools #829
501 East Elm Avenue
Waseca, MN 56093**

**CONSENT TO
RELEASE PRIVATE DATA**

PARENT(s): This form allows information about your child to be exchanged. Please sign and return it to the designated school below.

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|-----------------------|--------|---------------|--|
| Learner's Legal Name: | | Birthdate: | |
| School: | Grade: | MARSS Number: | |

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| Parent(s) Name(s): |
| Parent(s) Address: |

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|---------------------------|------------|------|
| I authorize: (Dist. Name) | District # | |
| Address: | | |
| City: | State: | Zip: |

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|----------------------------|-----------------------------|
| To release information to: | To obtain information from: |
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| (K-3) HARTLEY ELEMENTARY SCHOOL , 605 7 th Street NE, Waseca, MN 56093, 507-835-2248 Fax: 507-835-1005 |
| (4-6) WASECA INTERMEDIATE SCHOOL , 400 19 th Avenue NW, Waseca, MN, 56093, 507-835-3000 Fax: 507-837-5530 |
| (7-8) JUNIOR HIGH SCHOOL , 1717 2 nd Street NW, Waseca, MN 56093, 507-835-5470 Fax: 507-835-1724 |
| (9-12) SENIOR HIGH SCHOOL , 1717 2 nd Street NW, Waseca, MN 56093, 507-835-5470 Fax: 507-835-1724 |
| Other: |

School records may be examined by parent(s), or learner if of legal age. The information to be released:

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| Official School Records (name, address, birthdate, gender, attendance record, grade level, grades, class rank, standardized group test results) | |
| Health Record | Chemical Abuse/Dependency Report |
| Psychological/Psychiatric Reports | Medical Report (<i>including related services</i>) |
| Special Education (<i>including related services</i>) | Sports Physical (with physician signature and date) |
| Basic Standards Test Results | Teacher, Counselor, Staff Observations |
| A record of completed content standards | Social Work Report |
| Others (specify) | |
| The purpose for the request: | |

I understand that this authorization takes effect the day that I sign it. It expires on _____ (M/D/Y) or no more than one year from the date of my signature. I also understand that I may change this authorization at any time.

| | |
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| Parent Signature: | Date: |
|--------------------------|--------------|