



**WASECA PUBLIC SCHOOLS ISD #829 AND  
SOUTH CENTRAL HUMAN RELATIONS CENTER  
501 EAST ELM AVE  
WASECA, MN 56093**

**CONSENT  
TO RELEASE  
PRIVATE DATA**

Student's Full Name \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
 School **Waseca County Off Campus**

Parent Name \_\_\_\_\_ Parent Address \_\_\_\_\_

I authorize \_\_\_\_\_ Person Responsible \_\_\_\_\_ School: **WCOC**

**501 East Elm Avenue** \_\_\_\_\_  
 Address

**Waseca** \_\_\_\_\_ **MN** \_\_\_\_\_ **56093** \_\_\_\_\_  
 City State Zip Code

to release information to:  to obtain information from: (Check either or both boxes, as needed)

Name, Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City State Zip Code

Student records may be examined by parent(s), or student if age 18 or older.  
 The information to be released:

- Official School Records (name, address, birthdate, sex, attendance record, grade level, grades, class rank, standardized group test results)
- Health Record
- Psychological Reports
- Special Education Records (*including related services*)
- Teacher, Counselor, Staff Observations
- Others (specify) \_\_\_\_\_
- Others (specify) \_\_\_\_\_
- Chemical Abuse/Dependency Report
- Medical Report (*including related services*)
- Psychiatric Report
- Social Work Report

The purpose for the request \_\_\_\_\_

I understand that this authorization takes effect the day that I sign it. It expires on \_\_\_\_\_  
 or no more than one year from the date of my signature. (M/D/Y)

I also understand that I may change this authorization at any time.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
 Parent Signature, or Student if age 18 or older (M/D/Y)