Columbia Heights Public Schools ISD13
1440-49th Ave NE
Columbia Heights, MN 55421
763-528-4500

CONSENT
TO RELEASE
PRIVATE DATA

Student Name _____

Date of Birth _____ Age _____ Grade _____

School _____

Parent/Guardian Name _____

Parent/Guardian Address _____

I authorize _Columbia Heights Public Schools, District #13__

Person Responsible _____

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

_____
Name, Title

_____
Organization

_____
Address

_____
City State Zip

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, birth date, sex, attendance record, grade level, grades, class rank, standardized group test results, et.al.)

☐ Health Records
☐ Psychological Reports
☐ Special Education Records *(including related services)*
☐ Teacher, Counselor, Staff Observations
☐ Other (specify) _____

☐ Chemical Abuse/Dependency Report
☐ Medical Report *(including related services)*
☐ Psychiatric Report
☐ Social Work Report
☐ Other (specify) _____

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. MM/DD/YY

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

X_____ Date _____
MM/DD/YY

Copies: ___ Due Process File ___ IEP Manager ___ Parent/Guardian ___ IFSP Service Coordinator ___ Other