



Independent School District No. 12

4707 North Road
Circle Pines, Minnesota 55014-1898

(763) 792-6000

Fax: (763) 792-6050

www.isd12.org

SCHOOL DISTRICT 12

Office of Teaching and Learning
763-792-6006

RELEASE OF STUDENT INFORMATION

Date: _____

Student's Name: _____ Grade: _____ Date of Birth: _____

I give permission for:

_____ School Responsible

_____ Address

_____ City State Zip

_____ To release information to: Centennial School District #12

_____ To obtain information from: Centennial School District #12

INFORMATION MAY INCLUDE:

- Official School Records
- Chemical Abuse / Dependency Report
- Psychiatric Report
- Special Education Records
- Medical Report
- Health Records
- Psychological Reports
- Social Work Report
- Staff Observations
- Other Applicable Information

PARENT(S), THIS FORM ALLOWS INFORMATION ABOUT YOUR CHILD TO BE EXCHANGED. PLEASE SIGN BELOW GIVING YOUR AUTHORIZATION.

I understand that this authorization takes effect the day that I sign it. It expires at the same time as the Non-Resident Agreement.

Parent(s) Signature

Date