

DISTRICT OFFICE  
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**CENTENNIAL**  
SCHOOL DISTRICT 12  
CONNECTING. ACHIEVING. PREPARING.

**RELEASE OF STUDENT INFORMATION**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I give permission for:

\_\_\_\_\_ School Responsible

\_\_\_\_\_ Address

\_\_\_\_\_ City State Zip

\_\_\_\_\_ Fax #

\_\_\_\_\_ 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