

APPENDIX E

Independent School District 279
Osseo Area Schools

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

Name of Person/School/District ENROLLMENT CENTER (ISD 279-OSSEO AREA SCHOOLS)

Address 7051 BROOKLYN BLVD BROOKLYN CENTER 55429
(city/state) (zip code)

You have my permission to release the following information from your files and to discuss this information with authorized personnel regarding:

Student _____ Birth date _____

School Last Attended _____

Information to be released:

Identifying Information	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Psychological Reports	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Attendance	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Graduation Data	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Health Record	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Report Cards/Grades	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Standardized Test Data	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Extracurricular Activities/Honors	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Conference Reports	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Teacher/Counselor/Observations/ Ratings	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Special Education Reports	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Disciplinary Records	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

Other: Any information necessary to enroll the student in ISD 279 - Osseo Area Schools

Purpose of request: Enrollment of the student in ISD 279 - Osseo Area Schools on behalf of the biological parent/legal guardian.

Send the above-indicated information to:

(Name of person, educational institution or agency)

(Street Address)

(City, State and Zip Code)

(Signature of adult student authorizing release of own records/reports)

Signature of biological parent/legal guardian of minor student authorizing of student's records and reports)

(Date of Authorization)

(Date of Authorization)

(Valid for one year from date of authorization)

REQUEST COMPLETED BY _____ Date _____