

# Authorization for Release of Information

## Section I.

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yy) **Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_

## Section II

**Parent/Guardian Name:** \_\_\_\_\_

**Authorizes:** \_\_\_\_\_

School District

\_\_\_\_\_  
School Name

\_\_\_\_\_  
City and State

☒ to release the specific information identified below **to:** Name of organization:

**Shakopee Mdewakanton Sioux Community Education Department**

2075 Wozani Ocanku NW, Prior Lake 55372

☒ to obtain specific information identified below **from:** Name of organization:

**Shakopee Mdewakanton Sioux Community Education Department**

2075 Wozani Ocanku NW, Prior Lake 55372

### Required:

Attendance Records

Academic Performance Records

### Optional:

Disciplinary Actions (*suspension, expulsion, etc*)

Special Education Records/504 (*if applicable*)

Teacher, Counselor, Staff Observation/RTI Records

Other (*specify*)

## Section III

### I understand this authorization:

- takes effect the day I sign it and will not exceed one year from my signature
- can be stopped any time by sending a written request to:

**Shakopee Mdewakanton Sioux Community Education Department**

2075 Wozani Ocanku NW Prior Lake 55372

### I further understand:

- As a requirement to receiving Education resources, Sections 7.03 and 7.04 of the Education Guidelines indicate that a release of information concerning an individual Preschool through 12th grade or post-secondary student must be signed and remain on file with the Education Department each year.
- The laws that protect the information identified on this release, in some situations, may allow or require this entity to re-disclose this information, but only as permitted by law Health Insurance Portability and Accountability Act [HIPAA], Family Educational Rights & Privacy Act [FERPA], Minnesota Government Data Practices Act [MGDPA or Chapter 13]
- copy of this release form is as valid as an original, and
- I will receive a copy of this authorization.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Parent, legal representative, or student (mm/dd/yy)