

MOUNDS VIEW PUBLIC SCHOOLS
350 Highway 96 West
Shoreview, MN 55126

AUTHORIZATION FOR RELEASE OF EDUCATIONAL DATA

I, _____, hereby authorize _____
(parent/guardian or student) (name of school district)

to release the following data on _____
(student's name)

- _____ All educational data
- _____ Academic Records, including testing and special records
- _____ Attendance Records
- _____ Health Records
- _____ Other _____

If no categories are marked, all education data may be released.

To the Following Individual or Entity: (List persons to receive data, for example, public nurse or social worker.)

This release shall expire one year after its date of execution and may be revoked at any time. A photocopy or facsimile copy of this release has the same effect as an original.

DATE: _____
(Parent/Guardian or Student)