

**Monticello Middle School**  
**800 East Broadway**  
**MONTICELLO, MN 55362**  
**ISD #882**

**CONSENT**  
**TO RELEASE**  
**PRIVATE DATA**

Student's Full Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parent/Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_

District #: \_\_\_\_\_

I Authorize, \_\_\_\_\_  
School District Name and Person Responsible

Address

City

State

Zip Code

To release information to:  To obtain information from:  (Check either or both boxes, as needed)

Name and Title

Organization

Address

City

State

Zip Code

Student records may be examined by parent(s), or student if age 18 or older.

The information to be released:

- Official School Records (name, address, birthdate, sex, attendance record, grade level, grades, class rank, standardized group test results)
- Health Record
- Psychological Reports
- Special Education Records (including related services)
- Teacher, Counselor, Staff Observations
- Chemical Abuse/Dependency Report
- Medical Report (including related services)
- Psychiatric Report
- Social Work Report
- Others (specify) \_\_\_\_\_
- Others (specify) \_\_\_\_\_

The purpose for the request \_\_\_\_\_

I understand that this authorization takes effect the day that I sign it. It expires on \_\_\_\_\_ or no more than one year from the date of my signature. (MM/DD/YYYY)

I also understand that I may change this authorization at any time.

\_\_\_\_\_  
Parent /Guardain Signature, or Student if age 18 or older

Date: \_\_\_\_\_  
(MM/DD/YYYY)