



Authorization for Release of Information

1. Student Information

Name: _____ DOB: _____ Date: _____
School: _____ ID Number: _____

2. Parent/Guardian Information

Name: _____ Phone: _____
Address: _____ City: _____ State: _____

3. I am requesting:

District Name/No: Fridley Public Schools
School: Fridley Community Education Person: Staff
Address: 6085 7th St NE City: Fridley State: MN

- To release the specific information identified in Section 5 below to:
- To obtain the specific information identified in Section 5 below from:

4. Organization

Name: Fridley Pre-School/ECSE Person: Staff
Address: 6085 7th St NE City: Fridley State: MN

5. Information to be released, created between 09 / 01 / 2018 and 09 / 01 / 2019:

- Special Education Records
- Social Work Report
- All Health/Medical Information
- Teacher/Counselor/Staff Observations
- Psychological Report

Or, release only the following specific portions of the student's health/medical information:

- History/Physical
- Mental Health
- Progress Notes
- Other health/medical information: _____
- Medications
- Discharge Summary
- Immunizations
- Other: _____

The following information requires special consent by law. Even if you indicate all health/medical information, you must specifically request the following information in order for it to be released:

- Chemical dependency program
- Psychotherapy notes (this consent cannot be combined with any other)

6. Health Information includes written and oral information

By indicating any of the categories in Section 5, you are giving permission for written information to be released and for the person identified in Section 3 to talk to a person in Section 4 about your child's information.

If you do not want to give your permission for a person in Section 3 to talk to a person in Section 4 about your child's information, initial here: _____

7. Reasons for releasing information:

Coordination of care

8. I understand that:

- By signing this form, I am requesting the information identified in Section 5 will be exchanged between the school and the organization identified in Section 4;
 - I may stop this consent at any time by writing the district, school or person identified in Section 3;
 - When the information specified in Section 5 is exchanged between the school and the third party identified in Section 4, the information could be redisclosed by the party that receives it and may no longer be protected by federal or state privacy laws;
 - If the organization in Section 4 is a health care provider, they will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this consent form; and
 - This consent will end one year from the date the form is signed unless I indicate an earlier date or event here:
Date: ____/____/____ or specific event: _____
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9. Signature:

Parent/Guardian or Adult Student

Date