

**CONSENT TO RELEASE PRIVATE DATA
TO OTHER INDIVIDUAL(S)**

North Branch ISD #138
PO Box 370
North Branch, MN 55056

This document is used to authorize the exchange of student information to other individuals (ex: step-parents, grandparents, significant others, etc.) by the student's legal guardian. This will allow school staff to discuss information with step-parents, grandparents, or other individuals that you designate. If you would like others to have access to your child's school information, please complete the following information.

Student's Full Legal Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Parent's Name: _____

Address: _____

I authorize the disclosure and/or exchange of information between North Branch Area Public Schools, ISD #138 and the following individual as related to the above-named student:

Name: _____

Relationship to Student: _____

Address: _____

- Official School Records (name, address, birthdate, gender, attendance record, grade level, grades, class rank, standardized test results)
- Health Record
- Special Education Records
- Other (Specify) _____

I understand that this authorization takes effect the day that I sign it and expires one year from the date of my signature, unless revoked earlier by my written request.

Tennessee Warning: The data requested will help us to serve you and your children more efficiently and will be maintained as part of your child's educational record. Some of the data, in summary form, is used in the application for grants. You are not required by law to answer the questions asked. If you do not answer the questions, we will have incomplete information for our records and for some grants. The data supplied falls under our Policy 515 Protection of Student Records and is considered private, except data labeled as directory in our policy. For a copy of Policy 515, please refer to the Student and Parent Handbook or call (651) 674-1000.

Signature: _____ **Date:** _____