

TEAM ACADEMY
220 17TH AVE NE
WASECA, MN 56093
PHONE 507-833-8326/FAX 507-833-8327

**CONSENT TO
 RELEASE PRIVATE DATA**

PARENT(s): This form allows information about your child to be exchanged. Please sign and return it to the designated school below.

Learner's Full Name:

Birthdate:

School: **TEAM ACADEMY**

Grade:

MARSS Number:

Parent(s) Name(s):

Parent(s) Address:

I authorize: **TEAM ACADEMY**

District:

Address: **220 17TH AVE NE**

City: **WASECA**

State: **MN**

Zip: **56093**

To release information to:

To obtain information from:

Hartley, 605 7th St NE, Waseca, MN 56093

Phone 835-2248 Fax 835-1005

Sacred Heart, 308 W Elm Ave, Waseca, MN 56093

Phone 507-835-2784

Waseca Intermediate School, 400 19th Ave NW, Waseca, MN 56093

Phone 835-3000 Fax 837-5530

TEAM Academy, 220 17th Ave NE, Waseca, MN 56093

Phone 507-833-8326 Fax 507-833-8327

Other:

School records may be examined by parent(s), or learner if of legal age. The information to be released:

Official School Records (name, address, birthdate, gender, attendance record, grade level, grades, class rank, standardized group test results)

Health Record

Chemical Abuse/Dependency Report

Psychological/Psychiatric Reports

Medical Report (*including related services*)

Special Education (*including related services*)

Teacher, Counselor, Staff Observations

Basic Standards Test Results

Social Work Report

A record of completed content standards

Direct Certification

Others (specify)

All school records

The purpose for the request:

I understand that this authorization takes effect the day that I sign it. It expires on _____ (M/D/Y) or no more than one year from the date of my signature. I also understand that I may change this authorization at any time.

Parent Signature:

Date: