

# **HOLDINGFORD PUBLIC SCHOOLS**

**PO Box 250**

**Holdingsford, MN 56340**

**(320) 746-2221 (320) 746-8174 FAX**

Name \_\_\_\_\_

I hereby authorize \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to release the information below to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The items checked indicate information (data) that the school district has available and feels would be useful to the above party for the stated purposes. You may authorize the release on the indicated information by signing on the proper line below. You are entitled to review any of the indicated information prior to release to an outside agency or party. If you wish to do this authorization, contact the building principal.

## **Records available and suggested to release:**

- \_\_\_\_\_ Official administrative records (student's name, birth date, parents' or guardians' names and address, phone numbers, grades and academic work completed, class rank, and attendance data.)
- \_\_\_\_\_ Standardized achievement test scores, BST, MCA
- \_\_\_\_\_ Intelligence and aptitude test scores.
- \_\_\_\_\_ Record of extracurricular activities.
- \_\_\_\_\_ Discipline reports.
- \_\_\_\_\_ Health records.
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date