

## Authorization for Release of Records

Name: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (Last) (First) (Middle) (Maiden) Current Phone Number: \_\_\_\_\_

I hereby authorize Tech High School/District 742 Community Schools to release information to:

\_\_\_\_\_  
 (School, Organization, Agency, Individual)

\_\_\_\_\_  
 (Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (State)

Type of information to be released:

- \_\_\_\_\_ Official administrative records (student's name, birth date, parent's or guardian's names and addresses, phone numbers, grades and academic work completed, class rank, and attendance data)
- \_\_\_\_\_ Group administered standardized achievement tests
- \_\_\_\_\_ Group administered intelligence and aptitude test scores
- \_\_\_\_\_ Group administered interest inventory scores
- \_\_\_\_\_ Record of extracurricular activities
- \_\_\_\_\_ Discipline reports
- \_\_\_\_\_ Health reports
- \_\_\_\_\_ Minnesota Basic Standards Testing results
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

You may authorize the release of the indicated information by signing in the appropriate place. You are entitled to review any of the indicated information prior to our release of this information to an outside agency or party.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent or Legal Guardian/Adult Student