

DRAFT Authorization to Release Student Information to Youth Outreach

September 1, 2021-August 31, 2022

A request was made for Red Wing Public Schools ("School District") to seek information from and release information to the **Program Coordinator and/or other employees of Youth Outreach** ("Representative") to assist with providing academic and/or social support for your child. The district will share this Information through the district's student management system, through an internal or external group's data mart, and/or other means.

Private educational data will not be shared without your informed consent. By executing this form, you are affording the School District and Individual and/or Representative the authority to release specified educational data to each other to the extent permitted under state and federal law.

If you choose not to release educational records pursuant to this form, your child will still be eligible to receive support. However, if you choose not to release the records requested, the School District and Representative may lack some information that would permit the School District and Representative to better understand your child's needs and more effectively assist them.

Student Information

Student Last Name:	Student First Name	Date of Birth:
Grade in 2021-22	Today's Date:	Parent(s) / Legal Guardian(s) Name:

Records Identified for Release

Please mark the records that may be shared between the School District and Representative:

All of the following records:	
<ul style="list-style-type: none">• General information such as name, grade, student ID number, birthdate, gender, ethnicity, home language, enrollment history, contact information for child, parent(s) & legal guardian(s);• Attendance and discipline reports;• Class, grade and assessment reports such as class schedule, assignments, homework/test completion and grades, course grades, grade point averages, class rank, credit completion, transcripts, and standardized assessment results;• Participation in curriculum interventions/programs such as Title I and special education;	
Administrator, Teacher, Counselor, Social Worker, and Staff Observations, Reports, & Messages	
Chemical Assessment / Abuse / Dependency Reports.	NO
Psychological / Psychiatric Reports.	NO
Health / Medical Reports and Plans.	NO
Individualized Education Program (IEP) and Section 504 Records.	NO
Other (Specify):	NO

Understandings and Authorization

I understand this authorization takes effect the day I sign it, expires on August 31, 2022, and can be stopped at any time by sending a written request to the Superintendent, 2451 Eagle Ridge Drive, Red Wing, MN 55066. I further understand:

- I may refuse to sign this form and it will not affect my child's ability to receive educational services;
- The laws that protect the information identified on this release, in some situations, may allow or require this entity to re-disclose this information, but only as permitted by law, according to the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), and the Minnesota Government Data Practices Act (MGDPA or M.S., Chapter 13)
- A copy of this release form is as valid as an original; and
- I will receive a copy of this authorization.

I have read the above and consent to the School District and Individual and/or Representative to release, obtain, and exchange my child's private education data with one another.

Signature of Parent, Legal Representative, or Eligible Student

Date (mm/dd/yy)