



**Consent to Release Private Data**  
**Forest Lake Area School District 831**

**PARENT/GUARDIAN:** This form allows your child's records to be sent to *Lino Lakes Elementary STEM School*

Today's Date: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Start Date: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
First Middle Last

Parent/Guardian's Name (please print): \_\_\_\_\_ Day Phone: \_\_\_\_\_

**I authorize the release of school records from:**

\_\_\_\_\_  
Former School Name District

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Contact Person Phone Number Fax Number (or) Contact Email

Parent Permission Signature: (please note if given permission via email/phone call)

\_\_\_\_\_

**Previous School- Please forward the following information:**

- Academic Records (name, address, copy of birth certificate, sex, grade level, report cards, attendance records, standard test results, ect.)
- Special Education Records- Including IEP/504 Plan or other assessments \* Discipline Records- Suspension/Expulsion paperwork
- Standard Test Results/MN Basic Standard Test Results \* ELL/ESL Records- Including ACCESS scores and Home Language Survey
- MARSS/State ID Number \* Immunization and Health Records
- Legal Documents \*Preschool Screening Records

Email to: [aredepenning@flaschools.org](mailto:aredepenning@flaschools.org)

Mail to: **Lino Lakes Elementary STEM School**

ATTN: Ann Redepenning

725 Main St.

Lino Lakes, MN 55014

Phone: 651-982-8850