



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 -PREFERRED (or) Fax to: 651-982-8891 (or)

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

ATTN: Ann Redepenning
725 Main St.
Lino Lakes, MN 55025
Phone: 651-982-8850