



# Consent to Release Private Data

## Forest Lake Area School District 831

PARENT/GUARDIAN: This form allows your child's records to be sent to Forest Lake

Student's full name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
First Middle Last

Parent/ Guardian's name: \_\_\_\_\_ Day phone: \_\_\_\_\_ Start date: \_\_\_\_\_

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

\_\_\_\_\_  
Former school District

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

\_\_\_\_\_  
Contact person Phone number Fax number

\_\_\_\_\_  
Parent/Guardian's signature (or student if 18 years old) Date

Please forward the following information:

- Academic Records
- Immunization and health records
- Testing results
- Special education records (including related services)

Fax to: \_\_\_\_\_

-OR-

Mail to:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_