



**COMMUNITY PARTNER PORTAL CONSENT TO
RELEASE and OBTAIN PRIVATE STUDENT DATA**

Student's Name: _____, _____
Last Name First Name

Birthdate (MM/DD/YY): _____ Grade: _____ ID #: _____

Parent/Guardian Name

Address

City

State

Zip code

I authorize Special School District No. 1, Minneapolis Public Schools, to release written and verbal information to, obtain written and verbal information from, to allow the agency/person to schedule a time with the school to see the student at school during non-academic time, and allow secured on-line access to student data and obtain on-line reports of interventions and interactions from:

Name of Organization or Person

Name of Specific Program at Organization

Address

City

State

Zip code

The information to be released will be student name, address, telephone, photograph, date of birth, dates of attendance, grade, current school, student ID, and the information I initial below:

- _____ Attendance: Including daily and period attendance for the current school year, reasons for absences, summary
Initial information by course for the school year, summary attendance data for the student's entire time with MPS
- _____ Classes and Grades: Including skills report cards, courses taken and grades given, credits received and GPA
Initial
- _____ Demographic: Including gender, home language, ethnicity, resides with name and contact information
Initial
- _____ Removals & Suspension: Including infraction date, action type and days, for the current school year
Initial
- _____ Enrollment/Schedule: Including student enrollment history, current courses enrollment, teachers assigned to
Initial the courses, teacher contact information
- _____ Homework: Including homework assignments and scores, assignment status (missing, complete), in-class tests
Initial
- _____ Special Status: Including if a student has/is an IEP or 504 Plan, English as a Second Language Learner, and/or
Initial Go-To-Cards
- _____ Test Scores: Including scores for state mandated or district wide tests
Initial
- _____ All other educational data necessary for the agency to provide service to the named student.
Initial

- 1) I understand that this consent takes effect the day that I sign it. It expires on _____ or no more than
one year from the date of my signature. *Month/ Day/Year*
- 2) I may change this consent at any time by sending a written notice to the releasing agency.
- 3) School officials may disclose this information if authorized or required by law to do so. A photocopy of this completed form is as valid as the original.

Parent Signature (or Student, if of legal age)

Month/Day/Year