



Park Nicollet

Authorization for Release of School Information



111473AUTHC

NAME:

DOB:

MR#:

HCL# :

LABEL or ADDRESSOGRAPH

Name of student	Date of birth
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I, (parent of guardian) _____ authorize:

**Park Nicollet Alexander Center
11455 Viking Drive, Suite 300
Eden Prairie, MN 55344**

to exchange information with:

Name of school
Main contact person
Street address
City, State, ZIP

Information to be disclosed

- Cumulative school records**
 - State standards test results
 - Report card results
 - Building-level test results
 - Documentation of behavior difficulty (ie, suspensions, behavior contracts)
 - Documentation of child study team
 - Other academic records

- School health records**
 - Hearing screening results
 - Vision screening results
 - Medication administration records
 - School medical history

- Special education or related services records**
 - Psychological testing
 - Achievement test results
 - Speech or language therapy records
 - Comprehensive evaluation report
 - Gifted and talented assessment results
 - Guidance counseling records

This information will be used to design an evaluation plan through Park Nicollet Alexander Center, for child development and behavior.

I understand that I may revoke this consent anytime by written notice. Without an expressed revocation (unless information already has been released), this form will expire 12 months from the date of my signature.

SIGNATURE OF PARENT OR LEGAL GUARDIAN	Date
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