



Minnesota Valley Education District
801 Davis Street
St. Peter, MN 56082-6082

Authorization for Release of Information

Student Name: _____ ID: _____ Date: _____

School: Minnesota Valley School Grade: _____ DOB: _____

Parent/Guardian Name: _____

Authorizes: MVED ISD #6027
District Name/Number

Minnesota Valley School
School Responsible

Staff Person(s) Responsible

801 Davis Street, St. Peter, MN 56082
Address

- to release the specific information identified below *to*:
- to obtain specific information identified below *from*:

Name of individual or entity	Organization

Address

- Health Record:** Immunizations and Health Concerns
- Medical Reports:** Hospitalizations and Discharge Summaries; Medication Authorizations
- Psychological Reports:** Diagnostic Assessment, Functional Assessment, Treatment Plans, Progress Notes
- Psychiatric Reports:** Diagnostic Assessments, Treatment Plans, Consultation Information
- Teacher, Counselor and Staff Observations**
- Special Education Reports:** Evaluation Reports, Testing, Individual Education Plans, Prior Written Notices
- Social Work Reports & History**
- Discipline/Behavioral Reports**
- Verbal Reports** Between Staff in Both Agencies
- Other:** _____

For the purpose of:

To coordinate services or, _____

I understand this authorization:

- takes effect the day I sign it,
- cannot exceed one year, and expires either:

- on _____, or
- one year from the date of my signature

• can be stopped any time by sending a written request to:

801 Davis Street
 St. Peter, MN 56082

I further understand:

- I may refuse to sign this authorization and it will not affect my child's ability to receive education services,
- the laws that protect the information identified on this release, in some situations, may allow or require this entity to re-disclose this information, but only as permitted by law Health Insurance Portability and Accountability Act (HIPPA), Family Education Rights and Privacy Act (FERPA), Minnesota Government Data Practices Act (MGDPA or Chapter 13),
- a copy of this release form is as valid as an original, and
- I will receive a copy of this authorization.

Signature:

Date:

Parent, legal representative, or student

(mm/dd/yyyy)