

Appendix IV

AUTHORIZATION FOR RELEASE OF INFORMATION ON STUDENT

To: Edina Public Schools
5701 Normandale Road
Edina, MN 55424

Re: Educational records of X
(Student's Name)

X
(Date of Birth and/or Social Security Number)

This release permits the district, pursuant to Minn. Stat. § 13.05, Subd. 4 and Minn. Rules 1205.1400, Subp. 4, to release the enumerated educational records and information to the specified party or individual(s).

Specification of records/information to be disclosed and extent of disclosure:

High School Transcript
ACT/SAT Scores

Exceptions to the above specification:

Purpose(s) of disclosure:

Athletic Recruitment

To whom the records and information should be disclosed:

College/University Coaches

This authorization specifically includes records prepared prior to the date of this authorization and records prepared after the date of this authorization, such records to be used only for the purpose specified. I do not authorize re-release of this information by the third party.

I understand that I may revoke this consent in writing at any time. Upon the fulfillment of the above-stated purpose, this consent will automatically expire without my express revocation. Minnesota law requires automatic expiration of this authorization one year from the date of authorization (Minn. Stat. § 13.05, 2010). A photocopy of this authorization will be treated in the same manner as an original.

Dated: X _____ X
(Signature of Authorized Signor)

Parent (student if age 18)