



Moose Lake Community School

4812 County Road 10
Moose Lake, MN 55767
218-485-4435

- - CONSENT TO RELEASE PRIVATE DATA - -

Parent this form allows information about your child to be exchanged.

Please sign and return it to the school.

Learner's Full Name: _____

Date of Birth: _____

Current Grade Level: _____

I authorize: Moose Lake Elementary School, I.S.D. 97
 Kraig Konietzko, Elementary Principal
 4812 County Road 10
 Moose Lake, MN 55767-0489

- **Please Email records to Jackie Habermann, Elementary Secretary-**
 Jackie.Habermann@isd97.org

_____ to release information to: (Check as needed)

☒ to obtain information from:

(Name, Title, and/or School Organization)

(Address)

(City) (State) (Zip Code)

School records may be examined by parent, or learner if of legal age.

The information to be released:

☒ Official School Records (name, address, birth date, gender, MARSS ID number,
grade level, attendance record, grades, class rank, standardized group test results)

☒ Health Record

_____ Psychological Reports

_____ Special Education Records (including related services)

_____ Teacher, Counselor, Staff Observations

_____ Chemical Abuse/Dependency Report

_____ Psychiatric Report

_____ Medical Report (including related services)

_____ Social Work Report

_____ Others _____

The purpose for this request: _____

Parent or School Personnel Signature

(Date)