

TrekNorth High School

2400 Pine Ridge NW
Bemidji, MN 56601



Web Address: www.treknorth.org
Phone: (218)-444-1888
Fax: (218)-444-1893

Request (to release) from a Student's Education Record

Explanation of your rights

1. You have the right to choose what data we release. This means you can let us release all of the data, some of the data, or none of the data listed in this consent. Before you give permission to release the data, we encourage you to review the data listed in this consent.
2. You have the right to let us release the data to all, some, or none of the persons or entities listed on this form. This means you can choose which entities or persons may receive the data and what data they may receive.
3. You have the right to ask us to explain the consequences for giving your permission to release the data.
4. You may withdraw your permission at any time. Withdrawing your permission will not affect the data that we have already released because we had your permission to release the data. If you have a question about anything about this consent, or would like more explanation before you sign it, please contact:

TrekNorth Business Manager
2400 Pine Ridge Ave NW
Bemidji, MN 56601
218-444-1888

I, _____ [Parent/Guardian/Student NAME], give my permission for _____ [Sending Agency/Party] to release data about _____ [Name of Student/Me].

1. The specific data that _____ [EDUCATION AGENCY/INSTITUTION NAME] may release are : _____ [EXPLANATION OF RECORDS].
2. The specific persons or entities that may receive the records are: _____ [NAMES OF PERSONS/ENTITIES]
3. The purpose of the disclosure is: _____ [DESCRIPTION OF THE REASON FOR DISCLOSURE]
4. I understand that although the data are classified as private at _____ [EDUCATION AGENCY/INSTITUTION NAME], the classification/treatment of the data by _____ [NAME OF OTHER ENTITY/PERSON] depends on laws or policies that apply to _____ [NAME OF OTHER ENTITY/PERSON].
_____ I would like a copy of the records disclosed.

_____ I am a parent/guardian and I would like my student to receive a copy of the records disclosed.

This permission to release expires: at 12:00 a.m. on _____ [Date]

Printed Name

Signature (Parent/Guardian Signature), Date