



CONSENT TO RELEASE DATA

REQUEST FROM AN INDIVIDUAL

If you have a question about anything about this consent form, or would like more explanation before you sign it, please contact the Minnetonka Public Schools' Data Practices Compliance Official.

I, _____, [insert name of Data Subject] give my permission for the Minnetonka Public Schools to release data about me to _____ [insert name of intended recipient of the data] as described in this consent form.

1. The specific data I want the School District to release is (*explanation of data to be released*).

2. I understand that I have asked the School District to release the data.

3. I understand that although the School District has classified the data as private, once this information is out of the District's possession, this classification and the legal protections it affords may no longer apply.

A photocopy of this release and consent is as valid as an original

Individual data subject's signature _____ Date: _____

Parent/guardian [if needed] _____ Date: _____

Staff Verification (to be completed by Minnetonka Public Schools staff)

Type of Identification Provided by Requester: _____

Staff member verification signature: _____

Submit this request to the Data Practices Compliance Official