Rosenberg Center
1935 County Rd B2
Suite 100
Roseville, MN 55113
651-636-4155 tel
651-636-3595 fax

Rosenberg Center

AUTHORIZATION FOR RELEASE OF SCHOOL INFORMATION

Name of Student: _____ Date of Birth: ____ / ___ / ___

_____, authorize
(Parent or Legal Guardian)

Rosenberg Center: Assessment & Treatment for Children & Families
1935 County Road B2, Suite 100
Roseville, MN 55113

To receive information from:

Name of School: _____ Contact Person: _____

Street Address: _____

City, State, Zip Code: _____

The information to be received:

Cumulative School Records

- State Standards Test Results
- Report Card Results
- Building Level Test Results
- Documentation of Behavior Difficulty (i.e. Suspensions, Behavior Contracts)
- Documentation of Child Study Team
- Other Academic Records

Special Education or Related Services Records

- Psychological Testing
- Achievement Test Results
- Speech/Language Therapy Records
- Comprehensive Evaluation Report
- Gifted and Talented Assessment Results
- Guidance Counseling Records

School Health Records

- Hearing Screening Results
- Vision Screening Results
- Medication Administration Records
- School Medical History

This information will be used in designing an evaluation plan through the Rosenberg Center.

I understand that I may revoke this consent anytime by written notice. Without an expressed revocation (unless information has already been released), this form will expire 12 months from the date of my signature.

_____ _____
Parent or Legal Guardian Date