

**Perpich Arts High School**

**Release of Information**

 (Completed by applicant and parent/guardian)

Applicant Directions: Please give a copy of this completed form to your high school guidance counselor to be kept in your cumulative record at your current high school. Return the signed original with your other application materials.

Applicant Name:

Address:

City:       State:       Zip:

**I hereby authorize:**

Current High School Name:

Address:       Phone:

City:       State:       Zip:

**To release the following information regarding the above named student to Perpich Arts High School (address below):**

1. Official School Records (name, address, DOB, attendance record, transcript, standardized test results)
2. Teacher, Counselor, Staff observations
3. Discipline record
4. Individual Education Program (IEP) plans, notices, evaluations and records and/or 504 Plan documents
5. Health record, including all medical and psychological reports, and outside evaluations
6. Social Work reports
7. If applicable, chemical abuse / dependency reports

**I, the undersigned, give my permission that all school data pertinent to my application to the Perpich Arts High School be made available to Perpich Arts High School officials.**

Applicant Signature:       Date:

**As parent/guardian of the above named student, I give permission for the release of all school information pertinent to my child’s application to the Perpich Arts High School.**

Parent/Guardian Signature:       Date:

**Submit via Mail/Fax/Email to:**

Perpich Arts High School

Attn: Jody Gentz

6125 Olson Memorial Highway

Golden Valley, Minnesota 55422

Fax: (763) 591-4747 OR Email: jody.gentz@pcae.k12.mn.us