



**Perpich Arts High School
Release of Information
2024-2025 School Year**

Give a copy of this completed form to your high school counselor to be kept in your cumulative record at your current high school.
Admissions may need to contact your counselor for more information. **Return the original with your other application materials.**

Applicant LEGAL Name: _____ Date of Birth: _____
MM/DD/YYYY

Applicant CHOSEN Name, if different: _____

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

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

Applicant LEGAL Signature: _____ Date: _____
(a typed signature is acceptable)

As parent/guardian of the above named student, I, the undersigned, give my permission for the release of all school data pertinent to my student's application to Perpich Arts High School.

Parent/Guardian Signature: _____ Date: _____
(a typed signature is acceptable)

Submit Complete application via Mail

Perpich Arts High School
Attn: Jody Gentz
6125 Olson Memorial Hwy.
Golden Valley, MN 55422

OR

Fax:
(763) 591-4747
Attn: Jody Gentz

OR

Email:
jody.gentz@pcae.k12.mn.us