**AUTHORIZATION FOR THE RELEASE OF PRIVATE**

**PERSONNEL DATA UNDER THE MINNESOTA GOVERNMENT**

**DATA PRACTICES ACT**

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School/School District, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (address) to release a copy of my official transcript(s) and other academic credentialing information to: **Southwest Minnesota State University** (SMSU) and its representatives, located 1501 State Street, Marshall, MN, 56258. The specific records covered by this release are: a *copy* of my official transcript(s) from any and all post-secondary institutions and other academic credentialing information as may be required to determine my eligibility to teach concurrent enrollment PSEO courses.

I understand that when a copy of my official transcript(s) and other academic credentialing information are released to Southwest Minnesota State University, the University will maintain such records in a secure manner as private data pursuant to the Minnesota Government Data Practices Act. SMSU will use this data only for the purpose of establishing my credentials to teach students who are concurrently enrolled at the University and high school.

This consent expires upon completion of the above stated purpose or after one year, whichever comes first. However, if the above-described purpose is not fulfilled after one year, I may renew this consent.

I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

Teacher signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher printed name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statement of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District records official:

The copy being provided is a true and correct copy of the official transcript of the above-named individual, as maintained by this office. The copy will be sent via U.S. Postal Service.

Signature of record person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of record person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of record person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send to: Ellie Ahmann, Southwest Minnesota State University, 1501 State Street, Marshall MN, 56258**