

AREA EDUCATION CENTER  
INDEPENDENT SCHOOL DISTRICT 181  
311 10<sup>th</sup> AVE NE  
BRAINERD, MINNESOTA 56401  
TELEPHONE (218) 454-4500  
FAX (218) 454-4501

**AUTHORIZATION TO RELEASE PUPIL INFORMATION**

The following student is enrolling in the Area Education Center

Date: -----

-----  
Last Name                      First                      Middle

-----  
Grade                                      Year of Graduation

Date of Birth \_\_\_\_\_

Date of Last Attendance: _____	
Telephone: _____	
Name of Former School: _____	
Address: _____	
State _____	Zip Code _____

Please forward the following information as soon as possible:

1. State Reporting Number -----
2. BST Scores Reading \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_
3. Graduation Standards
4. Explanation of grading system
5. Date of Last Attendance
6. Immunization and health records
7. Courses currently being taken with marks to date
8. IEP & Evaluation Report

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature