

**ROCHESTER ADULT AND FAMILY LITERACY  
HAWTHORNE EDUCATION CENTER  
DATA PRIVACY RIGHTS**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MABE#** \_\_\_\_\_

Your private records are protected under state and federal laws and cannot be released without your written permission. These laws protect your privacy, but also will let us give out information about you, if the law requires it.

The information shared may be used to coordinate interagency services and learning plans for you. Below is a list of agencies that the Rochester Adult Literacy Program could exchange information with if you sign the document. These contacts may be in person, by mail, or on the telephone. You have the right to refuse to allow this information to be released and or exchanged, but if you refuse, it may affect the services you can receive.

Information about you that we can share includes the following:

- Educational progress/tests. Copy of grade transcripts or program completion.
- School records which may include attendance reports.

Agencies allowed to release and exchange information with each other includes:

- Child Care Resource and Referral (CCRR)
- Intercultural Mutual Assistance Association (IMAA)
- Olmsted County Public Health Nurse
- Olmsted County Social Services
- Rochester Public Schools
- Vocational Rehabilitation Centers
- Work Force Development Inc. (WDI)
- Collaborating Agencies for the FastTRAC Grant(s): Rochester Public Schools, United Way of Olmsted County, Mayo Clinic, Rochester Community & Technical College (RCTC), Department of Labor, Work Force Development Inc. (WDI), Department of Employment and Economic Development (DEED).

Other \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Other \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

***I have read and understand my Data Privacy Rights. I understand that my permission will automatically expire after one year. I also understand that I can cancel my permission at any time but must do so in writing.***

\_\_\_\_\_  
***Learner signature***

\_\_\_\_\_  
***Date***

\_\_\_\_\_  
***Parent/Guardian signature (if applicable)***

\_\_\_\_\_  
***Date***

\_\_\_\_\_  
***Rochester Adult & Family Literacy Representative***

\_\_\_\_\_  
***Date***