
Holdingsford Schools
Request For Release of Records
Phone - (320) 746-2221 Fax - (320) 746-9959

Student's Legal Name

Date

Date of birth

Grade enrolling in

Start Date

To release school records:
I hereby authorize:

School name

Phone number of school

The following school records are requested:

- *Official administrative records (name, address, birth date, grade level completed)
- *Cumulative Record
- *Health Record - including Immunizations and Sports Physical
- *Special Education Records - including most recent IEP and Evaluation, 504 Plan, or other assessments
- *Psychological Assessments
- *Current Schedule
- *Grades at time of withdrawal
- *Transcript of student grades and credits
- *Attendance Records
- *Discipline Records
- *Standardized Test Results
- *MCA/GRAD test results (Minnesota schools only)
- *MARSS Number (Minnesota schools only)

Any other information which may be helpful: _____

Please forward these records to:

Holdingsford Jr/Sr High School
Attn: HS Office
PO Box 250
Holdingsford, MN 56340

Fax: (320) 746-9959

Email: tammi.hanson@isd738.org

Parent/Guardian Signature

Date

School Representative Signature

Position