

Start Date: _____ Faxed: _____

Request for Student Records

Part A - For Parents/Guardians

Parents or Guardians: please fill out Part A and mail or fax this form to the District Office – Enrollment, Northfield Public Schools, 1400 Division Street South, Northfield, MN 55057 | Fax 507.663.0611.

Previous School Attended _____

School Address _____ City, State, Zip _____

Phone Number _____ Fax Number _____

Below are the names and grades of my students who attended the above school.

Name of Student _____ Grade _____

Name of Student _____ Grade _____

Name of Student _____ Grade _____

Part B - For Previous School

School Staff: please release the following information on above named student(s) and send it to the school indicated below:

1. Grades or Transcript and Test Scores
2. Health Records
3. Special Education Records (IEP & Evaluation)
4. Psychological Evaluations

Part C - Northfield Enrolling School

_____ Bridgewater Elementary (K-5)
401 Jefferson Parkway
Northfield, MN 55057
507.664.3300
(f) 507.664.3308
rpatrick@northfieldschools.org

_____ Greenvale Park Elementary (K-5)
700 Lincoln Parkway
Northfield, MN 55057
507.645.3500
(f) 507.645.3505
brbulfer@northfieldschools.org

_____ Sibley Elementary (K-5)
1400 Maple Street
Northfield, MN 55057
507.645.3470
(f) 507.645.3469
kcecil@northfieldschools.org

_____ Northfield Middle School (6-8)
2200 Division Street South
Northfield, MN 55057
507.663.0664, (f) 507.663.0660
ktousignant@northfieldschools.org

_____ Northfield High School (9-12)
1400 Division Street South
Northfield, MN 55057
507.663.0636, (f) 507.645.3455
kclark@northfieldschools.org

Name and Title of School Representative _____ Date _____

This information is for the confidential use of the personnel who are directly concerned with the education of this child. Parental signature is no longer required for the release of records between school districts. Reference: Code of Federal Regulations, title 34, part 99, Minnesota Statute 13.32.