

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, 201 Orchard Street S, 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) If your district uses Sped Forms, please transfer file to Jordan Streiff District #659 or jstreiff@northfieldschools.org
4. Psychological Evaluations
5. English Language Records and Scores. Please send to Jessie Huebsch at jhuebsch@northfieldschools.org 507-663-0622

Part C - Northfield Enrolling School

<p>____ Bridgewater Elementary (K-5) 401 Jefferson Parkway Northfield, MN 55057 507.664.3300 (f) 507.664.3308 kseaberg@northfieldschools.org</p>	<p>____ Greenvale Park Elementary (K-5) 500 Lincoln Parkway Northfield, MN 55057 507.645.3500 (f) 507.645.3505 brbulfer@northfieldschools.org</p>	<p>____ Spring Creek Elementary (K-5) 1400 Maple Street Northfield, MN 55057 507.645.3470 (f) 507.645.3469 atruman@northfieldschools.org</p>
<p>____ Northfield Middle School (6-8) 2200 Division Street South Northfield, MN 55057 507.663.0664 (f) 507.663.0660 ktousignant@northfieldschools.org</p>	<p>____ Northfield High School (9-12) 1400 Division Street South Northfield, MN 55057 507.663.0636 (f) 507.645.3455 mknutson@northfieldschools.org</p>	<p>____ Area Learning Center and Online 201 Orchard Street Northfield, MN 55057 ALC 507.645.1201 or Online 507.645.3445 (f) 507.645.1250 or 507.663.0611 jgroth@northfieldschools.org or cneset@northfieldschools.org</p>

____ Name 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.