

D		Faxed:
Request for Student Records	3	
Part A - For Parents/Guardians		
Parents or Guardians: please fill out Part A a Public Schools, 1400 Division Street South, No	· · · · · · · · · · · · · · · · · · ·	ffice – Enrollment, Northfield
Previous School Attended		
School Address	City, State, Zip	
Phone 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		
Part B - For Previous School		
 Health Records Special Education Records (IEP & Eval District #659. Psychological Evaluations 	uation) If your district uses Sped Forms, pl	ease transfer file to Jordan Streiff
Part C - Northfield Enrolling School		
Bridgewater Elementary (K-5) 401 Jefferson Parkway Northfield, MN 55057 507.664.3300 (f) 507.663.3308 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	Area Learning Center (9-12) 201 Orchard Street Northfield, MN 55057 507.645.1250 (f) 507.645.1205 mhuberg@northfieldschools.org
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.