

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) If your district uses Sped Forms, please transfer file to Jordan Streiff District #659.
4. Psychological Evaluations

### Part C - Northfield Enrolling School

_____ Bridgewater Elementary (K-5) 401 Jefferson Parkway Northfield, MN 55057 507.664.3300 (f) 507.663.3308 <a href="mailto:rpatrick@northfieldschools.org">rpatrick@northfieldschools.org</a>	_____ Greenvale Park Elementary (K-5) 700 Lincoln Parkway Northfield, MN 55057 507.645.3500 (f) 507.645.3505 <a href="mailto:brbulfer@northfieldschools.org">brbulfer@northfieldschools.org</a>	_____ Sibley Elementary (K-5) 1400 Maple Street Northfield, MN 55057 507.645.3470 (f) 507.645.3469 <a href="mailto:kcecil@northfieldschools.org">kcecil@northfieldschools.org</a>
_____ Northfield Middle School (6-8) 2200 Division Street South Northfield, MN 55057 507.663.0664 (f) 507.663.0660 <a href="mailto:ktousignant@northfieldschools.org">ktousignant@northfieldschools.org</a>	_____ Northfield High School (9-12) 1400 Division Street South Northfield, MN 55057 507.663.0636 (f) 507.645.3455 <a href="mailto:kclark@northfieldschools.org">kclark@northfieldschools.org</a>	_____ Area Learning Center (9-12) 201 Orchard Street Northfield, MN 55057 507.645.1201 (f) 507.645.1250 <a href="mailto:mhuberg@northfieldschools.org">mhuberg@northfieldschools.org</a>

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.