

ROTHSAY PUBLIC SCHOOL

Request for Student Records

Date _____

Student's Name	Grade	Birthdate
Previous School	_____	_____
Address	_____	_____
Phone	_____	_____
Fax	_____	_____

This student has enrolled in our school. Please send the following information to the attention of Student Records.

- MARSS Information
- Health Records
- Withdrawal Grades
- Report Cards
- Transcript
- MN Basic Standard Test Results
- Grad Standards Records
- Special Education Documents (Speech, IEP, LD, Psych. Files, etc.)
- Any other information which may be helpful in admission & placement of the student

Thank you for your prompt attention to this matter.

Please send to: Student Records
Rothsay Public School
2040 CO RD 52
Rothsay, MN 56579

Phone: 218-867-2116
Fax: 218-867-2376

I hereby authorize the release of the above information to Rothsay Public School.

Parent/Guardian Signature