

Request for Student Records

Date _____

1. Name _____

Date of Birth _____ Age _____ Current Grade _____

2. Name _____

Date of Birth _____ Age _____ Current Grade _____

3. Name _____

Date of Birth _____ Age _____ Current Grade _____

School Previously Attended

Last Day of Attendance

Previous School City & State

Phone / Fax Number of Previous School

HIGH SCHOOL STUDENTS (9TH - 12TH GRADE)

UPON RECEIPT - EMAIL tzubke@dpsnd.org or FAX Dickinson High School at 701-456-0019:

- ◆ Unofficial Transcript
- ◆ Withdrawal Grades
- ◆ Immunization Records

FOR ALL GRADES, SEND THE FOLLOWING INFORMATION TO DISTRICT OFFICE:

- ◆ Transcripts
- ◆ Birth Certificate
- ◆ Immunization Records
- ◆ Health/Medical Records
- ◆ Behavior and Attendance Records
- ◆ Cumulative Records (Current Grades/Attendance)
- ◆ Standardized Testing Scores
- ◆ Individual Education Plans (IEP)
- ◆ Psychological Evaluation Records
- ◆ ELL (Information/Testing)

Attn: Lisa Myran | Phone: 701-456-0002 ext 2207**Email: Lmyran@dpsnd.org | Fax: 701-456-0035****Mail: Dickinson Public Schools | 444 4th Street West | Dickinson, ND 58601**

PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

Parent/Guardian Signature _____

Date _____

Although parental permission is not required for this transfer of records*, we provide it for your convenience.

*Parental permission is no longer required when records are requested by authorized school personnel. (Family Ed. Rights and Privacy Act, Vol. 41, No. 11B, Page 24673)