

Student Record Request:

To: _____ Fax: _____

Today's Date: _____ Enrollment Date: _____

Student's Full Name: _____

Birthdate: _____ Grade: _____

Parent's Name: _____

This authorizes the above school district to release information to:

Queen of Peace Catholic School

102 4th Street

Cloquet, MN 55720

Attention to : Megan Kalm, School Secretary mkalm@queenofpeaceschool.org

The information to be released:

_____ Official School Records (name, address, birthday, sex, attendance record, grade level, grades, standardized group test results)

_____ Special Education Records (including related services)

_____ Teacher, Counselor and/or Staff Observation

_____ Behavior Reports

_____ Health Records

_____ State Testing Results

_____ Pre-School Screening Records and Dials

_____ Birth Certificate

_____ Other (specify) _____

Additional Comments:

It is not necessary for parents to sign a release when records are being passed from school to school (Federal law 99.31-"No parent signature required for educational records sent to another educational agency").