

## 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 \_\_\_\_\_

<b>School Previously Attended</b>	<b>Last Day of Attendance</b>
	/
<b>Previous School City &amp; State</b>	<b>Phone / Fax Number of Previous School</b>

### HIGH SCHOOL STUDENTS (9<sup>TH</sup> - 12<sup>TH</sup> GRADE)

**UPON RECEIPT - EMAIL [tzubke@dpsnd.org](mailto: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
- ◆ Cumulative Records (Current Grades/Attendance)
- ◆ Birth Certificate
- ◆ Standardized Testing Scores
- ◆ Immunization Records
- ◆ Individual Education Plans (IEP)
- ◆ Health/Medical Records
- ◆ Psychological Evaluation Records
- ◆ Behavior and Attendance Records
- ◆ ELL (Information/Testing)

**Attn: Lisa Myran | Phone: 701-456-0002 ext 2207**

**Email: [Lmyran@dpsnd.org](mailto:Lmyran@dpsnd.org) | Fax: 701-456-0035**

**Mail: Dickinson Public Schools | 444 4<sup>th</sup> 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)