

To:

MESABI EAST ELEMENTARY SCHOOL MESABI EAST SCHOOLS ISD 2711

Phone Number

601 North First Street West Aurora, MN 55705

1-218-229-3321 fax 1-218-229-2572 Principal Amy Maki amaki@isd2711.org

www.isd2711.org

RELEASE OF RECORDS REQUEST

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|--|---|--|
| | Fax Number:Student Start Date: | |
| | | |
| , Grade | , Date of Birth | |
| formerly enrolled in your school system ha | as entered the Mesabi East Elementary School. | |
| nd the official records including: | | |
| Health Records Attendance Records Standardized Test Results Psychological Services, if any Special Education Records, if any Early Childhood Screening along with th | in admission and placement of this student. | |
| consent that all school records listed above f educational needs and placement. | ve, including health records, be released for the | |
| ent or Legal Guardian Signature | Date | |
| | | |

PLEASE SEND BY EMAIL OR FAX TO:

karihunt@isd2711.org

Signature of personnel requisition information: Kari Hunt, Mesabi East Elementary Secretary Public Law 93-380 Section 433 (b) allows the release of educational records of a student without the written consent of the parents to officials of other schools or school systems in which the student intends to enroll. Thank you for providing us with the information requested.