

**RELEASE OF TRANSCRIPT INFORMATION FROM ROBBINSDALE AREA SCHOOLS**

\_\_\_\_\_  
(Name of student while attending school) (Birth date)

\_\_\_\_\_  
(Married or current legal name) (Social Security Number) (last 4 Okay)

\_\_\_\_\_  
(School and last date of attendance) (Graduate Yes or No) (Student's Phone Number)

I hereby request that my official school record be sent to:

\_\_\_\_\_  
(Name of institution or individual)

Attn: \_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Date) (Signature of student over 18 or parent)

**OR:** I will pick it up on \_\_\_\_\_ Type of I.D. \_\_\_\_\_  
(Date)

The official school record, including courses taken, grades earned, credits, identifying information, dates of attendance, standardized test results, grade point average, class rank and other information which may be helpful in admission or placement, may be reviewed by the adult student upon request. If the student is under 18, the parents or guardian may review the files upon request.

**IN ACCORDANCE WITH REVISED FEDERAL AND STATE STATUTES, THE STUDENT'S SIGNATURE IS NOT REQUIRED WHEN REQUESTED TO SEND A TRANSCRIPT TO A POST-SECONDARY INSTITUTION OR IS REQUESTED BY AUTHORIZED SCHOOL OR COLLEGE PERSONNEL.**

**Please allow 3-5 business days for all requests.**

Please return completed form to: **registrar@rdale.org**

Fax 763-504-8081 or mail to: Robbinsdale School District,  
4148 Winnetka Ave. N. New Hope, MN 55427

-----District use only:-----

Date of Contact \_\_\_\_\_ Real and Unit # \_\_\_\_\_

\_\_\_\_\_  
(Date record was sent)

\_\_\_\_\_  
(Record was sent by)