

**REQUEST FOR RELEASE OF EDUCATIONAL RECORDS**  
**Grand Forks Public Schools**  
**Grand Forks, ND**

Provide last school attended, address,  
 phone number, and fax number (if available).

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Student Name	Current Grade

My child(ren) have recently enrolled in the Grand Forks Public Schools. Please release the official education record of the above child(ren), including:

Identifying information	Standardized test results
Report cards/official transcripts	Health/immunization record
Courses	Attendance record
Disciplinary actions	Teacher evaluations
504 Plan	Special Education records (i.e. psychological reports, IEPs, assessment reports)

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Date

Signature of Parent/Guardian or School Official

*Federal Law 99.31 – “No parent signature required for educational records sent to another educational agency.”*

Send records to:

Name of School: Address: City, Zip:
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