

For Office Use Only:

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Roseville Area Schools

Quality Teaching & Learning for All...Equity in All We Do

Transcript or Release of Records Request Form

If you received a GED please contact MDE 651-582-8446 or email: alice.smith@state.mn.us

Student Name (Print full name): _____

Student name while attending: _____ (if differs)

Address (including apt #/zip): _____

Phone (including area code): _(____)_____ Can we leave a message Y N

Email address: _____

Year of Graduation: _____ Date of Birth: _____ (mm/dd/year)

School Attended:

- RAHS
- FAHS
- Other School: _____

Roseville Area Schools has permission to release:

- Immunization Records
- High School Transcripts
- K-8 School Records
- Special Education (IEP) records

Number of Copies to be sent: Official: _____ Student Copy: _____

Fee \$5.00 for each set of documents- cash or check payable to Roseville Area Schools.

Student Signature: _____ Date: _____

Outside Agency requesting student records (Company name): _____

Roseville Area Schools 0623

1251 Cty Rd B2 W

Roseville, MN 55113

651-635-1659- fax

Studentdata@isd623.org