

For Office Use Only:

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Roseville Area Schools

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

Release of Records Request Form

- If you received a GED please contact MDE 651-582-8604 or email: mde.abe@state.mn.us

Student Name (Print full name): _____

Former name (if different than name above): _____

Address (including apt #, city, state/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

☐

K-8 School Records

☐

Special Education (IEP) records

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

*Depending on your request a fee \$5.00 may be requested to cover the costs of information requested.
Accepted forms of payment are 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