



MESABI EAST ELEMENTARY SCHOOL

MESABI EAST SCHOOLS
ISD 2711

REQUEST

601 North First Street West Aurora, MN 55705

1-218-229-3321
fax 1-218-229-2572
Principal Katie Bukovic
kbukovic@isd2711.org

www.isd2711.org

RELEASE OF RECORDS

To: _____

PhoneNumber: _____

FaxNumber: _____

StudentStartDate: _____

_____, Grade _____, Date of Birth _____

who was formerly enrolled in your school system has entered the Mesabi East Elementary School. Please send the official records including:

1. Grades
2. Health Records
3. Attendance Records
4. Standardized Test Results
5. Psychological Services, if any
6. Special Education Records, if any
7. Early Childhood Screening along with the MAARS Registration Form
8. Other information which may be helpful in admission and placement of this student.
9. MARSS State I.D. Number _____

I give my consent that all school records listed above, including health records, be released for the purpose of educational needs and placement.

Guardian Signature Date _____ Parent or Legal

PLEASE SEND BY EMAIL OR FAX TO:

sengstrom@isd2711.org Signature of personnel
requisition information: Stephanie Engstrom, 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 in tends to enroll. Thank you for providing us with the information requested.