

RELEASE OF TRANSCRIPT INFORMATION FROM ROBBINSDALE AREA SCHOOLS

Name_____

Birthdate_____

Married or Current Legal Name_____

Phone Number_____

Last School Attended and Year_____

Graduated Yes or No_____

I hereby request that my official school record be sent to (please pick preferred option)

Name of institution

Attention: _____

Mailing address:_____

OR email address_____

Or will come in to pick up on_____ and show this form of ID_____

Signature_____ Date_____

Please return completed form to: registrar@rdale.org

Fax 763-504-8081

Address to pick up

Education Service Center

3915 Adair Avenue North

Crystal, MN 55422

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.