

REQUEST FOR RECORDS

____/____/____
Date

Name and address of previous school: _____

The following individuals have registered as students in First Baptist School.

Student's legal name	Date of birth	Grade
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Student's legal name	Date of birth	Grade
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Student's legal name	Date of birth	Grade
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(Student's Home Address)

(Student's Home City/State/Zip)

_____ Name of parent or guardian (please print)	_____ Signature of parent or guardian
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Please forward the following records for the named student(s) to the address below:

- * Transcript or cumulative folder (date of birth, name of parents or guardians and address)
- * Health records, including immunization records and physicals for athletics.
- * Grades at time of withdrawal
- * Special education records, including current IEP and most recent assessment data.
- * Any other records that you have on this student.

Thank you for your cooperation and prompt attention to this student(s).

First Baptist School
14400 Diamond Path West
Rosemount, MN 55068
Phone: (651) 423-2272
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Lori McCroskey, School Secretary/Registrar