

**INDEPENDENT SCHOOL DISTRICT 877**

**Buffalo – Hanover – Montrose**

Form No. 5001 Release of Student Records

Issue Date: September, 1976

(Revised-August, 2006)

NAME OF STUDENT: \_\_\_\_\_

NAME OF **PRESENT SCHOOL** and/or agency where student's records are currently:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

I hereby give my permission to the school listed above to release and forward the records of the student named above to the school or agency listed below, as indicated in the list of items below:

- \_\_\_\_\_ Permanent Record Card
- \_\_\_\_\_ Cumulative Record File
- \_\_\_\_\_ Health Record (including immunizations and other pertinent health information)
- \_\_\_\_\_ Special Education File (if applicable)
- \_\_\_\_\_ Other (Please give specific identity of each)
- \_\_\_\_\_ MARSS State ID#
- \_\_\_\_\_ \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Principal's Verification (Signature): \_\_\_\_\_

Send information to:

**Melissa Steward, Principal's Secretary**  
**HANOVER ELEMENTARY SCHOOL**  
**274 LABEAUXE AVENUE**  
**HANOVER, MN 55341**

**Phone: (763) 682-0824 Fax: (763) 682-0868**