

STUDENT RECORDS RELEASE FORM

Student's Name:	Grade:	Date of Birth:	
School Start Date:			
Name of School Previously Attended:			-
Address of Previous School:			-
Phone:	Fax:		_
I hereby give my permission to release the for above to the school checked below.	ollowing information from the	educational records of the	student listed
Parent/Guardian Signature:		Dat	te:
*In accord with revised Federal and State st authorized school personnel request record Cumulative Records Grades Discipline Record Special Education Records, including Please contact the Special Education	ng: IEPs, most recent assess	Health/Immunization Rec Sports Physical Achievement Test Scores ment summaries and psyc	cords
Please send all records pertaining to the a Buffalo High School Attn: Registration 877 Bison Blvd Buffalo, MN 55313 P: 763.682.8100 F: 763.682.8118	bove student to: Phoenix Learning Center Attn: Registration 800 8 th St NE Buffalo, MN 55313 P: 763.682.8680 F: 763.6	Attn: Regis 1300 Hwy 2 Buffalo, MN	5 N
Discovery Elementary Attn: Registration 301 2 nd Ave SE Buffalo, MN 55313 P: 763.682.8400 F: 763.682.8444	Hanover Elementary Attn: Registration 274 Labeaux Ave NE Hanover, MN 55341 P: 763.682.0800 F: 763.6	Attn: Regis 100 2 nd St S Montrose, N	
Northwinds Elementary Attn: Registration 1111 7 th Ave NW Buffalo, MN 55313 P: 763.682.8800 F: 763.682.8805	Parkside Elementary School Attn: Registration 207 3 rd St NE Buffalo, MN 55313 P: 763.682.8500 F: 763.6 or by email to Susan Bartz sbartz@bhmschools.org	Attn: Regist 703 8 th St N Buffalo, MN 82.8577 P: 763.682.8	E