



# REQUEST FOR SCHOOL RECORDS

Bismarck Public Schools  
806 N. Washington, Bismarck, ND 58501

This consent form may be used to obtain student education records from another school district.

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Gr: \_\_\_\_\_

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

Previous School: \_\_\_\_\_

Address: \_\_\_\_\_

**I hereby authorize the "previous school" listed above to release the following information from the student's file:**

- \_\_\_\_\_ Student Test Scores, Report Cards, and Cumulative Record of Grades/Attendance
- \_\_\_\_\_ Most Recent Registration Form
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Immunization Records
- \_\_\_\_\_ Special Education Records (Most recent IEP, most recent Evaluation Report, Consent for Initial Placement)
- \_\_\_\_\_ Intervention/Assessment Records (Most recent 504 Plan, Behavior Intervention Plan, and Assessment Reports)
- \_\_\_\_\_ Title I Reading File
- \_\_\_\_\_ Discipline/Suspension/Expulsion Records
- \_\_\_\_\_ Other / Third Party Information / Please Specify: \_\_\_\_\_

Purpose of request: \_\_\_\_\_

Please forward requested information to: \_\_\_\_\_

Attn: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Signature of Parent/Guardian)

(Date)