

# Goodridge Ind. School District 561

P.O. Box 195  
Goodridge, MN 56725  
Phone: (218) 378-4134  
Fax: (218) 378-4142

Mr. Galen Clow, Superintendent  
Ms. Becky Carlson, Principal

## RECORDS REQUEST

I hereby authorize \_\_\_\_\_  
(Transferring School)

to release copies of transcripts/academic records, health records/immunization information, special education records, MARSS information, and attendance records concerning:

\_\_\_\_\_  
(Student Name) (Birthdate)

to: ( ) \_\_\_\_\_  
(Receiving School)

( ) \_\_\_\_\_  
(Post High School Educational Institution)

( ) \_\_\_\_\_  
(Future Employer)

( ) \_\_\_\_\_  
(Other Agencies)

\_\_\_\_\_  
(Parent / Guardian / Individual) (Date)

\*\*\*If student is over 18 years of age, he / she may sign this form, rather than parent or guardian.\*\*\*

