



Request for Records Form

Date: _____

Name of Previous School: _____

Previous School Address: _____

Previous School Fax: _____

Please send us the official school records for:

Student Name _____

Grade (most recent grade) _____

Date of Birth: month ____/ day ____/ year ____.

A cumulative record should include:

- Official administrative records (name, address, birthdate, grade level completed, gender, class rank, and attendance record).
- Standardized achievement test scores (if any)
- Minnesota Basic Standard test scores
- Report cards
- Health records
- Special education records (IEP, speech, remedial, psychological reports, related services, etc., if any)
- Other information which may be helpful in admission, placement and education of this student.

Please forward these records to:

Sejong Academy
1330 Blair Ave N
St Paul, MN 55104

Fax: 651-330-7011

Thank you for your cooperation.

Parent or Guardian Signature

I understand that this authorization takes effect the day I sign it. It expires on a requested date, or no more than one year from the date of my signature. I also understand that I may change or revoke this authorization at any time by sending written notification to Sejong Academy and that said change or revocation will not affect information previously released according to my consent. In accord with revised federal and state statues, permission of the parent or adult student is no longer required when authorized school personnel request records.