

**BEMIDJI AREA SCHOOLS -- 502 MINNESOTA AVE NW, BEMIDJI MN 56601**

Student Registration Ph. 218-333-3100 ext. 31131 or ext. 31134

**RELEASE OF STUDENT RECORD INFORMATION**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Bemidji Start Date: \_\_\_\_\_ MARSS #: \_\_\_\_\_  
AIMSweb: Yes or No Transfer ID: \_\_\_\_\_

**Special Education: YES NO Please send Spec Ed Records As Soon As Possible. Thanks!**

**Requesting Records From:**

School: \_\_\_\_\_  
Attn: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Grades K – 12 Please send the following:**  
**Special Education: 504 Plan, Title, IEP, Eval Report**

K – 8 Academic Records / Test Scores  
9 – 12 Credit earned in each subject / Incomplete  
and Failing grades / Achievement Records  
Grad Standards: MCA-BST / Prep Standards / High Standards  
Health Records / Immunizations  
Birth Certificate  
Attendance records  
Free & Reduced Meal Application  
Disciplinary Information

I give permission for the sending school to release records for the student listed above.

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

(Federal Law 99.31 – No parent signature required for educational records sent to another educational agency.)

**Please Send Records to:**

**[ ] Elementary School:**  
\_\_\_\_\_  
Attn: \_\_\_\_\_  
\_\_\_\_\_  
@isd31.net  
502 Minnesota Ave NW  
Bemidji MN 56601  
Ph. (218) \_\_\_\_\_  
Fax (218) \_\_\_\_\_

**[ ] Bemidji Middle School**  
Attn: Tess Joy  
Registrar  
tess\_joy@isd31.net  
502 Minnesota Ave NW  
Bemidji MN 56601  
Ph. 218-333-3215 ext 52005  
Fax 218-333-3333

**[ ] Bemidji High School**  
Attn: Donna Rust  
Registrar  
donna\_rust@isd31.net  
502 Minnesota Ave NW  
Bemidji MN 56601  
Ph. 218-444-1600 ext. 63326  
Fax 218-444-1630