



GARRISON PUBLIC SCHOOLS
AUTHORIZATION FOR RELEASE OF INFORMATION

Bob Callies Elementary
 205 2 AVE NE
 Garrison, ND 58540
 Ph. 701-463-2213
 Fax. 701-463-2214
 Email: Melanie.Heinzen@k12.nd.us
Danielle.Hummel@k12.nd.us

Garrison High School
 51 5 AVE NE
 Garrison, ND 58540
 Ph. 701-463-2818
 Fax. 701-463-2067
 Email: Barbara.Osterlund@k12.nd.us

Student Name:		
Date of Birth:	Grade:	Receiving Special Services:
Previous School:		School Phone #:
Previous School's Address:		School Fax #:

I hereby authorize my student's previous school to release the following information from my student's school records:

- FREE/REDUCED LUNCH APPLICATION
- CURRENT REPORT CARD
- IMMUNIZATION RECORDS
- BIRTH CERTIFICATE
- SPECIAL ED FOLDER
- ACHIEVEMENT/TEST SCORES
- EL SERVICES

Date	Guardian/Parent Authorization
<p>Send records for Elementary students to:</p> <p>Bob Callies Elementary School 205 2 AVE NE Garrison, ND 58540</p> <p>Or email: Melanie.Heinzen@k12.nd.us Danielle.Hummel@k12.nd.us</p>	<p>Send records for High School students to:</p> <p>Barbara Osterlund Garrison High School 51 5 Ave NE Garrison, ND 58540</p> <p>Or email: Barbara.Osterlund@k12.nd.us</p>

Please Fax or Email current report card/transcript, birth certificate, immunization records, and Free & Reduced application as soon as possible. Thank you.