



COOK COUNTY SCHOOLS
INDEPENDENT SCHOOL DISTRICT 166

**REQUEST FOR TRANSFER OF EDUCATIONAL AND
HEALTH RECORDS BETWEEN SCHOOLS**

Success for Each, Respect for All

Previous School _____

Address: _____

Phone: _____ Fax: _____

Preferred method to send student records is via email if you have the ability to scan and email. Send to: ceverson@isd166.org

Please send the complete records of the student named below to:

Cook County Schools
101 W. 5th Street
Grand Marais, MN 55604
(218) 387-2271
Fax: (218) 387-9746 or 387-1093

Contact:
Cindy Everson, ext 602
PK-12 Office
ceverson@isd166.org

Please include the following graduation requirements:

- * **Transcript of grades**
- * **Special education records**
- * **Behavior and attendance records**
- * **Student MARSS number (if previous school is in MN)**
- * **Results of MN Basic Standard Test (if previous school is in MN)**
- * **Academic test scores**
- * **Health records**

STUDENT: _____

GRADE: _____ **DATE OF BIRTH:** _____

Parent or guardian gives permission to release all school records.

Parent / Guardian Signature

Date

According to the final regulations, Family Education Rights and Privacy Act (Buckley Amendment), it is no longer necessary to obtain consent to release records between schools. It states that the school officials, including teachers within educational institutions and officials of other school systems in which the student may enroll, may receive a student's records without a written consent for such release. 9/98