



Albert Lea Area Schools
211 W Richway Drive
Albert Lea, MN 56007

Request for Student Records

Dates Requested: _____

Please send records to:

Angela Murphy

Phone: 507-379-4806 / Fax: 507-379-4898

Angela.Murphy@alschools.org

Student Name: _____ Grade: _____

Date of Birth: _____

Previous School: _____

City: _____ State: _____ Zip Code: _____

This student has been enrolled at Albert Lea Area Schools. Please send the following information:

* If you are not including something, please make a note next to the request

- Cumulative record
- Health record
- Attendance Record
- Disciplinary
- Test scores
- Sports Physical
- Activity and / or Athletic Violations
- ESL information if applicable
- Psychological Evaluation Results
- Special Education Records / IEP / Eval if appl
- 504 Plan if applicable
- Current and past grades
- Transcripts
- Other

Guardian Signature _____ Date: _____

Previous School Phone

Previous School Fax

Email

Notes