



SPIRIT LAKE COMMUNITY SCHOOL DISTRICT

REQUEST FOR CUMULATIVE RECORDS

Name of School:	
Address:	
Fax #:	Phone #:

The following student(s) have enrolled in our school. Please send a transcript of grades, health and immunization records, testing information and special education or resource room information if applicable. Records can be faxed, mailed, or scanned & emailed.

Last Name	First Name	Middle Name	Grade

I hereby give my permission for the release of records for the above named student(s) to the Spirit Lake Community School District.

Parent/Guardian Signature:
Date:

Send Records To:

Spirit Lake Elementary

Attn: Dena Blomster
2701 Hill Avenue
Spirit Lake, IA 51360
P) 712-336-2822 F) 712-336-8966
dblomster@spirit-lake.k12.ia.us

Spirit Lake Middle School

Attn: Heidi Schneider
2701 Hill Avenue
Spirit Lake, IA 51360
P) 712-336-1370 F) 712-336-4758
hschneider@spirit-lake.k12.ia.us

Spirit Lake High School

Attn: Maxine Jennings
2701 Hill Avenue
Spirit Lake, IA 51360
P) 712-336-3707 F) 712-336-4641
mjennings@spirit-lake.k12.ia.us