



SPIRIT LAKE COMMUNITY SCHOOL DISTRICT

REQUEST FOR CUMULATIVE RECORDS

Name of School: _____

Address: _____

Phone #: _____ Fax #: _____

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 mailed or scanned & emailed.

| Last Name | First Name | Middle Name | Grade |
|-----------|------------|-------------|-------|
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Date of Request: _____

Federal Law 99.31:

No parent signature is required for educational records to be sent to another educational agency.

Send Records To:

Spirit Lake Elementary

Attn: Dena Blomster
2701 Hill Ave.
Spirit Lake, IA 51360
712-336-2822 ext. 4010
dblomster@spiritlakecsd.org

Spirit Lake Middle School

Attn: Heidi Schneider
2701 Hill Ave.
Spirit Lake, IA 51360
712-336-1370 ext. 2010
hschneider@spiritlakecsd.org

Spirit Lake High School

Attn: Jill Petersen
2701 Hill Ave.
Spirit Lake, IA 51360
712-336-3707 ext. 1670
jpetersen@spiritlakecsd.org