

Request for Release of Education Records

(Transferring into the Manvel School District)

Student's Name:	
Last School Attended:	
Address:	
City/State/Zip:	
Fax Number:	

My son/daughter has recently enrolled in the Manvel Public School. I authorize you to send my child's education records to the Manvel Public School.

Date: _____

Signature of Parent/Guardian: _____

Signature of Principal: _____

This form is used to comply with Section 438 of the General Education Provision's Act of 1974: *"Privacy Rights of Parents and Students."*

801 Oldham Avenue, Manvel, ND 58256 Phone: 701-696-2212, Fax: 701-696-8217 http://www.manvel.k12.nd.us



Request for Release of Education Records

(Transferring out of the Manvel School District)

Student's Name:	
Last School Attended:	
Address:	
City/State/Zip:	
Fax Number:	

My son/daughter has recently enrolled in the Manvel Public School. I authorize you to send my child's education records to the Manvel Public School.

Date: _____

Signature of Parent/Guardian: _____

Signature of Principal: _____

This form is used to comply with Section 438 of the General Education Provision's Act of 1974: *"Privacy Rights of Parents and Students."*