

# OFFICIAL CONFIDENTIAL INFORMATION REQUEST



Please fill out this request for records and submit it to the school where the student is currently enrolled.  
For students not currently enrolled in ISD 191, please submit the form to:

Enrollment Center - 200 West Burnsville Parkway, Burnsville, MN 55337

For questions please contact the Enrollment Center at: 952-707-4180 or [enrollmentcenter@isd191.org](mailto:enrollmentcenter@isd191.org)

Please allow 7-10 business days for processing.

## Student Information:

Name (first, middle, last) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student ID# (if known) \_\_\_\_\_

Address (street) \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

## Parent / Guardian Information – Required if student is under the age of 18:

Name (first, middle, last) \_\_\_\_\_

Address (street) \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

## Records Requested – please check box(es):

School Grades and/or Transcripts

Special Education Records (including related services)

Health and Immunization Records

ELL / ESL (Language) Records

Standardized Test Results

Minnesota Comprehensive Assessment (MCA) Results

Schools and Dates of Enrollment

Early Childhood Pre-school Screening Record

Other \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

### For Office Use Only:

Received Date \_\_\_\_\_

Processed by \_\_\_\_\_

Date \_\_\_\_\_

Verified Guardianship Yes\_\_\_ No\_\_\_

Verified Identification Yes\_\_\_ No\_\_\_