



SPRING HILL
S C H O O L

Records Release Request

I hereby authorize the release of complete school records, to include the following: grades and academic records, attendance records, achievement test scores and/or all standardized intelligence and aptitude test scores, special education records (if applicable), birth date, parents' or guardians' names, permanent address and the cumulative health record for

Student Birth date

From: _____
School

Address of Previous School: _____

Phone and Fax numbers: _____

Parent/Guardian Signature: _____

Date: _____

Spring Hill welcomes children of all cultural, racial, social and religious backgrounds.

*471 Third Street, Excelsior, Minnesota 55331
952.449.0040*