Penn Campus

Preschool through 3rd Grade 7540 Penn Ave. S. Richfield, MN 55423 612-866-6906 fernandezy@btcsmn.org



Nicollet Campus 4th through 8th Grade 6720 Nicollet Ave. S. Richfield, MN 55423 612-869-5200 roblesv@btcsmn.org

Authorization to Release Information

Student Name			Date of Birt	h	Grade
Pleas	e send the reco	rds to:			
To ob	Blessed 1 7540 Per Richfield Phone: 6 Fax: 612- Email: fel	rinity Penn Campus In Ave. S. . MN 55423 12-866-6906	rom:	Vanessa Robles Blessed Trinity Nicollet 6720 Nicollet Ave. S. Richfield, MN 55432 Phone: 612-869-6906 Fax: 612-757-2191 Email: roblesv@btcsmn	
Orga	nization/School				
					_
Address			City, ST	Zipcode	€
Contact Name Phone		Fax	Email		
 □ Transcript for all years student was in attendance □ Grades to date □ All standardized test scores (Minnesota MCA, WMAP, other) □ WIDA / English Language Proficiency Test scores for all years student was in attendance □ Special Education records – evaluation reports (504, IEP) □ Immunization records, health data □ Teacher, counselor, staff observations □ Birth Certificate □ Social worker report □ Other (specify) 					
For the purpose of:					
□ 1	•	ent (do not unenroll) nsferred to Blessed Trinity			
Parer	nt / Guardian Sig	gnature			

In accordance with Federal and State Statutes, permission of the parent is no longer required when authorized school personnel request records.