



HARVEST PREPARATORY SCHOOL
1300 Olson Memorial Hwy, Minneapolis, MN 55411
612-381-9743 fax 612-381-0748

Release of Records Request -2009-2010

DATE of Application: _____

TO: STUDENT RECORDS

STUDENT NAME _____ GRADE _____
SCHOOL _____ BIRTHDATE _____
CITY/STATE _____ DATE OF ENROLLMENT _____

In order to enroll this student in our school, would you please mail or fax the following information to the school indicated below as soon as possible

A cumulative record should include:

1. Official administrative records (name, address, birth date, grade level completed, gender, and attendance record)
2. Standardized achievement test scores (if any)
3. Minnesota Basic Standard test scores
4. Report cards/ transcripts
5. Health records
6. Special Education records (IEP, speech, remedial, psychological reports, related services, etc., if any)
7. Other information which may be helpful in admission, placement and education of this student

Please mail records to: **TO: ADMISSIONS**
Harvest Preparatory School OR FAX: 612-381-0748
1300 Olson Highway
Minneapolis, MN 55411

Authorization:

I, the undersigned, authorize the release of the information shown above.

Signature of Parent/Guardian or School

Thank you for your cooperation.
Gaynell M., Ballard, Director of Admissions

Parental permission is no longer required when records are requested by authorized school personnel. (Family and Education Act) School cannot withhold records because student owes them money (Statute 120.74 subd.2)