



REQUEST FOR SCHOOL RECORDS

Previous School Name _____

Previous School Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____

The following student(s) have registered for Main Street Montessori and Middle School. Please forward the following information:

- Transcripts of credits and grades
- All Special Education Materials
- Standardized Test Scores
- Other
- Health Records

Student(s) Name(s) _____

I authorize the release of my child's records.

Parent/Guardian Signature _____

Date _____

Please send the above information to:

Main Street School
925 Main Street
Norwalk, IA 50211
Phone: 515-981-1275