



Missouri Valley Elementary School Records Request

School Name (required): _____

Address: _____

City/State/Zip (required): _____

Registrar/Counselor: _____

Phone: _____ Fax (required): _____

Student's Legal Name: _____

Birthdate: _____ Age: _____ Grade: _____

I freely give consent for my student's records to be released to Missouri Valley Elementary School.

Parent Signature: _____ Date: _____

Records Requested:

- _____ Official Transcript
- _____ Exit Grades
- _____ Test Scores
- _____ Discipline Record
- _____ Attendance Record
- _____ Health & Immunization Records
- _____ Special Program Records (IEP or 504 Plan)
- _____ Psychological Evaluations
- _____ Other Data (specify) _____

Records to be released to:

Missouri Valley Elementary School
602 N 9th St
Missouri Valley, IA 51555

Phone: 712-642-2279

Fax: 712-642-2656

Website: www.movalleyschools.org