



# ASCENSION CATHOLIC SCHOOL RECORDS REQUEST

Ascension Catholic School

1726 Dupont Ave. N.

Minneapolis, MN 55411

612-521-3609

Fax-612-522-3862

[Email-mdepass@ascensionschoolmn.org](mailto:mdepass@ascensionschoolmn.org)

## PARENT AUTHORIZATION

Name of student's previous school: \_\_\_\_\_

Address of previous school: \_\_\_\_\_

\_\_\_\_\_

Phone # of previous school: \_\_\_\_\_ Fax: \_\_\_\_\_

Email of record dept. of previous school: \_\_\_\_\_

Student's name: \_\_\_\_\_

Grade entering: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Please send all your school records on the above named student. Please include cumulative, health, testing, Title I, special education records, etc.

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**

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## AUTORIZACIÓN DE PADRES **PARENT AUTHORIZATION**

Nombre de la escuela anterior del estudiante: \_\_\_\_\_

Dirección de la escuela anterior: \_\_\_\_\_

Número de teléfono de la escuela anterior: \_\_\_\_\_ Fax: \_\_\_\_\_

Correo electrónico del departamento de registro: \_\_\_\_\_

### **Student Name:**

El nombre del estudiante: \_\_\_\_\_

### **Grade entering**

Grado que ingresa: \_\_\_\_\_

### **Birthdate**

Fecha de nacimiento: \_\_\_\_\_

Please send all your school records on the above named student. Please include cumulative, health, testing, Title I, special education records, etc.

Por favor envíe todos sus registros escolares del estudiante mencionado anteriormente. Incluya registros acumulativos, de salud, exámenes, Título I, educación especial, etc.

\_\_\_\_\_  
Firma del padre o tutor **Parent/Guardian Signature**

\_\_\_\_\_  
Fecha **Date**