



Release of Student Information

Friends School of Minnesota
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I authorize

NAME OF CURRENT/MOST RECENT SCHOOL

TEACHER'S NAME

SCHOOL STREET ADDRESS

CITY

STATE

ZIP

to release to Friends School of Minnesota the records of:

STUDENT'S NAME (PLEASE PRINT)

who is/was in grade(s) _____ (for preschool children, list age) at your school/child care in the year(s) _____

Please include copies of all grade transcripts, progress reports, and standardized test scores. I also authorize the release of copies of disciplinary and other confidential information upon the request of Friends School of Minnesota officials by phone or letter.

PARENT/LEGAL GUARDIAN (PLEASE PRINT)

SIGNATURE

DATE

STREET ADDRESS

CITY

STATE

ZIP