



Mankato Area Public Schools
Central Registration Office
10 Civic Center Plaza
Mankato, MN 56001
Phone: (507) 387-2125
Fax: 507-387-2618

Please Email Records To:
MANKATORECORDS@ISD77.ORG
--Send SPED & EL records to the appropriate contacts listed below--

START DATE _____

RECORDS REQUEST

In accordance with federal and state statutes, parent or adult student permission is no longer required when authorized school personnel request records

STUDENT INFORMATION

Student Legal Name: _____
(Last) (First) (Middle)

Grade: _____ **Birthdate:** ____/____/____ **Gender:** M or F
(20-21 Grade Level) (Month) (Day) (Year)

Parent /Guardian Legal Name: _____
(Last) (First)

SCHOOL INFORMATION

Previous school attended: _____

City: _____ **State:** _____ **Zipcode:** _____ **Phone #:** _____

Email Address: _____ **Fax #:** _____

Email or fax records to appropriate department
DO NOT MAIL ORIGINAL FILES / RECORDS

☐ **English Learner (EL)** Heather C. hcoopm1@isd77.org
Please include EL status, WAPT and/or ACCESS Results.

☐ **Special Ed Records & Share SpEd Forms** Dawn M. dmille3@isd77.org
Please include current IEP and evaluation report Deb P. dpeter1@isd77.org
Fax: (507) 387-8286

☐ **All student records** Central Registration Office
Please include enrollment, attendance, discipline, grades, transcripts, health information, and birth certificate
mankatorecords@isd77.org
Fax: (507) 387-2618

Additional Comments:

Request 1: _____	Request 2: _____	Request 3: _____	Request 4: _____
<input type="checkbox"/> Fax <input type="checkbox"/> Email	<input type="checkbox"/> Fax <input type="checkbox"/> Email	<input type="checkbox"/> Fax <input type="checkbox"/> Email	<input type="checkbox"/> Fax <input type="checkbox"/> Email