

**PRINCE OF PEACE ACADEMY**  
**2900 County Road H2**  
**Mounds View, MN 55112**  
**763-231-0930**

REQUEST FOR RELEASE OF STUDENT RECORDS

\_\_\_\_\_  
Date

Name of School Authorized to Release Student Records:

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Address

Please send student records for:

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Date of Birth

Information to be Released:

- Cumulative Record Card
- Standardized Group Test Scores
- Principal/Teacher Evaluations
- Health Record(s)
- Reading and Math Records
- Psychological Report(s)
- Progress Report
- Special Education Records

Other \_\_\_\_\_

I grant permission for the transfer of above-mentioned records:

\_\_\_\_\_  
Guardian Name (Please Print)

\_\_\_\_\_  
Guardian Signature

PLEASE SEND THE ABOVE MENTIONED INFORMATION TO:

Prince of Peace Academy  
2900 County Road H2  
Mounds View, MN 55112