

# Maple Run Unified School District

28 Catherine Street, St. Albans, VT 05478

Ph (802) 524-2600 Fax (802) 524-1540

www.maplerun.org



## REQUEST FOR STUDENT RECORDS

*PARENTS: If your student previously attended a different school district, please fill out the top section of this form and send to your student's previous school, Attn: Records Office*

Date: \_\_\_\_\_

Student Name and DOB: \_\_\_\_\_

This student is enrolling at the following Maple Run school (please indicate):

<input type="checkbox"/> <b>MRUSD Early Childhood</b>	<b>Attn: Jessica Barnes</b> 28 Catherine St. St. Albans, VT 05478	Ph: (802) 524-3613 Email: <a href="mailto:jbarnes@maplerun.org">jbarnes@maplerun.org</a>	Fx: (802) 524-1540
<input type="checkbox"/> <b>Fairfield Center School</b>	<b>Attn: Judy Magnan</b> 57 Park St. Fairfield, VT 05455	Ph: (802) 827-6639 Email: <a href="mailto:jmagnan@maplerun.org">jmagnan@maplerun.org</a>	Fx: (802) 827-3604
<input type="checkbox"/> <b>St. Albans City School</b>	<b>Attn: Desiree Stevens</b> 29 Bellows St. St. Albans, VT 05478	Ph: (802) 527-0565 Email: <a href="mailto:dstevens@maplerun.org">dstevens@maplerun.org</a>	Fx: (802) 527-0153
<input type="checkbox"/> <b>St. Albans Town Ed Ctr</b>	<b>Attn: Michelle Dow</b> 169 South Main St. St. Albans, VT 05478	Ph: (802) 752-2600 Email: <a href="mailto:mdow@maplerun.org">mdow@maplerun.org</a>	Fx: (802) 527-7191
<input type="checkbox"/> <b>Bellows Free Academy</b>	<b>Attn: Martina Newell</b> 71 South Main St. St. Albans, VT 05478	Ph: (802) 527-6570 Email: <a href="mailto:mnewell@maplerun.org">mnewell@maplerun.org</a>	Fx: (802) 527-6467
<input type="checkbox"/> <b>Out of District Services</b>	<b>Attn: Alice Johnson</b> 28 Catherine St. St. Albans, VT 05478	Ph: (802) 370-3976 Email: <a href="mailto:ajohnson@maplerun.org">ajohnson@maplerun.org</a>	Fx: (802) 527-6453

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

According to the Final Regulation-Family Educational Rights and Privacy Act (Buckley Amendment), date June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other schools in school systems in which the student may intend to enroll, may receive a student's record without written consent for such release

Previous School Name: \_\_\_\_\_

### Previous School Records Should Include:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Current Grades | <input type="checkbox"/> Discipline Record        | <input type="checkbox"/> Guardianship/Custodial Records          |
| <input type="checkbox"/> Transcript     | <input type="checkbox"/> Special Education Record | <input type="checkbox"/> Vermont State Student ID                |
| <input type="checkbox"/> Test Scores    | <input type="checkbox"/> Health Record            | <input type="checkbox"/> Additional Plan Records (504, EST, ELL) |

Additional comments or information needed:

**MRUSD USE ONLY:** Student Enrollment Date \_\_\_\_\_

☐ All records have been received.

☐ Please send all permanent records at this time.

\_\_\_\_\_  
*MRUSD Registrar Signature*