

East Sac County Community School District

Request for Release of School Records

Records to be released by:

Name of School: _____

Address of School: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Release Student Records to:

_____ East Sac County Elementary (PreK-6th)
400 S. 16th St.
Sac City, IA 50583
Pho: 712-662-7200
Fax: 712-662-6245
Deanna Kroeger-Secretary
dkroeger@east sac.k12.ia.us

_____ East Sac County Jr/Sr High School (7-12)
801 Jackson, PO Box 110
Lake View, IA 51450
Pho: 712-665-5001
Fax: 712-665-5021
Angela Meredith-Secretary
akmeredith@east sac.k12.ia.us

Please send the following records: Cumulative Folder, Official Transcript of Credits & Grades, Medical/Immunizations, Attendance Records, Standardized Testing, Special Ed./IEP Record

Child's Name: _____

Birthdate: _____ Grade: _____

Child's Name: _____

Birthdate: _____ Grade: _____

Child's Name: _____

Birthdate: _____ Grade: _____

Child's Name: _____

Birthdate: _____ Grade: _____

Name of Person Completing this request:

_____ Signature: _____ Date: _____

Office Use Only: Date Records Requested _____ Received Date _____