



Equipping Learners, Sharing Hope

Trinity First Lutheran School

1115 East 19th Street, Minneapolis, Minnesota 55404

(612) 871-2353 – (612) 870-9487

trinityfirstschool.org / info@trinityfirst.org

Transfer Records Request

Name of Student: _____

Date of Birth: _____ Last Grade Attended: _____

Trinity First Lutheran School is requesting the following:

- Student Records, Report Cards, Transcript
- Standardized Testing Results
- Health Records
- Special Education Records
- Behavioral Records
- Other data/records as deemed necessary: _____

From the following school:

Name of School: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

School Phone Number: _____

Email Address: _____

Please send the above information by email to: tfarrand@trinityfirst.org

Or mail to: Trinity First Lutheran School 1115 E. 19th Street, Minneapolis, MN 55404

I give permission for the release of my child's educational record, including grades, identifying information, attendance records, standardized test results, teacher evaluations, health records, and other information which may be helpful in planning and implementing the student's continued education.

Parent Signature: _____

Date: _____

Printed Name: _____
