

REQUEST FOR TRANSCRIPT



East Central
School District 2580
61085 State Hwy. 23
Finlayson, MN 55735
ph 320.245.2289
fx 320.245.6159

**Your future.
Our focus.**

The following student has enrolled at East Central Elementary:

Name: _____

Date of birth: _____ Grade: _____

Enrollment date to East Central _____

Please send us, at your earliest convenience, a complete transcript including:

MARSS number: _____

- Date of withdrawal
- Withdrawal grade level
- Incomplete and failing grades
- Achievement test scores
- Health/Immunization records
- Cumulative records
- Special Education (IEP) records/504, if applicable
- Birth Certificate
- Attendance records
- Discipline records
- Court documents, if applicable

Please mail or fax this information to: East Central Elementary
61085 State Highway 23
Finlayson, MN 55735
Phone: 320-245-6010
(Fax) 320-245-6158
Email: abenner@eastcentral.k12.mn.us

If your district utilizes SPED FORMS - please assign to: Jthomsen@eastcentral.k12.mn.us

Signature of Parent or Guardian: _____

Previous school(s) attended: _____

Previous school(s) fax number(s): _____