



Brandon Valley High School

301 S. Splitrock Blvd.
Brandon, SD 57005
Telephone: (605) 582-3211
Fax: (605) 582-2652

REQUEST FOR RECORDS

To: _____ From: _____
Attn: _____ Date: _____
Fax: _____ Pages: _____
Phone: _____

STUDENT: _____ DOB: _____
STUDENT: _____ DOB: _____

**THE STUDENT(S) NAMED ABOVE ARE TRANSFERRING
TO OUR DISTRICT
PLEASE SEND THE FOLLOWING RECORDS:**

- _____ **ACADEMIC RECORDS (Grades or transcripts)**
- _____ **STANDARDIZED TEST SCORES**
- _____ **SPECIAL EDUCATION RECORDS (IEP & EVALUATIONS)**
- _____ **IMMUNIZATION RECORDS**
- _____ **BIRTH CERTIFICATE**

PARENT/GUARDIAN SIGNATURE

Parental permission is no longer required when records are requested by authorized school personnel.