

Lawrence Elementary School
724 North Sanborn
Canton, SD 57013
605-764-2579 (Phone) 605-764-5003 (Fax)

(Date)

TO: _____
(School)

(Address)

PLEASE SEND A TRANSCRIPT OF CREDITS AND OTHER CUMULATIVE INFORMATION FOR:

(Name)

(Grade)

(Name)

(Grade)

(Name)

(Grade)

(Name)

(Grade)

If the student left before the end of the semester or reporting period, please give grades to date of leaving.

Please return to:
LAWRENCE ELEMENTARY SCHOOL
724 NORTH SANBORN
CANTON, SD 57013

Daryl Sackmann, Principal

In compliance with the Family Rights to Privacy Act, I give my consent for the release of all pertinent records pertaining to the above named students.

(Parent or Guardian Signature)

(Present Address)