

**Chisago Lakes School District**

**REQUEST FOR INFORMATION FORM**

Date: \_\_\_\_\_

Student's name: \_\_\_\_\_

Last name

First name

M.I.

(Maiden/former)

Grade or

Grad Year: \_\_\_\_\_ DOB: \_\_\_\_\_ Bldg.: \_\_\_\_\_

Requestor's name: \_\_\_\_\_

Requestor's address: \_\_\_\_\_

Requestor's phone number: \_\_\_\_\_

Description of the requested information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requestor's signature: \_\_\_\_\_

**SCHOOL STAFF USE ONLY:**

Request received by: \_\_\_\_\_

Copy of ID attached: Y / N

Identification Verified: Y / N

***When request process is complete, this form and a copy of the approved ID are to be placed in the student's cum file.***