



## Bismarck Public Schools

806 North Washington Street  
Bismarck, North Dakota 58501  
(701) 323-4000  
Fax: (701) 323-4001  
www.bismarckschools.org

**TAMARA J. USELMAN**  
SUPERINTENDENT

**DR. FRAN A. RODENBURG**  
ASSISTANT SUPERINTENDENT  
ELEMENTARY SCHOOLS

**DR. BENJAMIN J. JOHNSON**  
ASSISTANT SUPERINTENDENT  
SECONDARY SCHOOLS

**DARIN M. SCHERR, P.E.**  
BUSINESS AND OPERATIONS MANAGER

**LISA J. KUDELKA**  
HUMAN RESOURCES MANAGER

### AUTHORIZATION FOR RELEASE OF STUDENT TRANSCRIPT INFORMATION

I hereby authorize the Bismarck Public School District #1 to release my school records. (If under 18, Parent's signature required.)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Advance payment of \$2.00 per transcript is required. Please make checks payable to Bismarck Public Schools and return along with this form to: ATTENTION: Karen, Bismarck Public Schools, 806 N Washington St, Bismarck, ND 58501. (Cash or Money Orders are also acceptable.)

STUDENT'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
(Maiden Last Name/Name Used When Attending School)

SCHOOL \_\_\_\_\_ GRADUATED \_\_\_\_\_ Yes \_\_\_\_\_ No

YEAR GRADUATED OR LAST YEAR ATTENDED \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

MAIL TRANSCRIPT TO \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_