Minnesota Department of Education

NOTIFICATION OF CHANGE IN STUDENT ENROLLMENT

REQUEST FOR STUDENT STATE IDENTIFICATION NUMBER

Method of Transmittal:

MAIL*:

FAX ☐ E-MAIL ☐ OTHER

*Please provide address for the Transfer District when checked

Date of Transmittal:	Number of Pages:

PRIOR DISTRICT INFORMATION

**Routing: To: ☐ From: ☐

MARSS Contact Person:	District Name:	District Number/Type:
Telephone Number:	Email Address:	Fax Number:

TRANSFER DISTRICT INFORMATION

**Routing: To: ☐ From: ☐

MARSS Contact Person:	District Name:	District Number/Type:	Telephone Number:	Fax Number:
Email Address:	Address:	City:	State:	Zip:

****Routing: PLEASE CHECK THE APPROPRIATE BOXES.**

I have provided you with this student's name, birthdate, grade level, state aid code and status start date. Please provide me with the student's State Reporting Number. Please verify that the status start date I have recorded **does not** overlap with the status end date you have.

Student Name (Last, First, Middle)	State Reporting Number	Birthdate (MM/DD/YYYY)	Student Grade Level	State Aid Code	Status Start Date

Additional Transmittal Information: