

Owatonna State Public School Record Request Form

(usually ships within 30 days)

Name on record: _____

Date of birth: _____ Date of death: _____

Admission date (if known) _____ Discharge date (if known) _____

My purpose in using these records is:

_____ Family history, genealogy.
_____ My relationship to that person is: _____

_____ To see private information about myself.

_____ Attorney or other authorized representative of another party. Evidence of authorization may be required.

My name: _____

My address: _____

City/State: _____ Zip: _____

Daytime phone: () _____ Email address: _____

FAX: () _____ MHS member number (10% discount): _____

FEES:

_____ \$40.00 for MN residents

_____ \$50.00 for non-MN residents

Payment:

_____ Check (made payable to: Minnesota Historical Society)

_____ VISA _____ MasterCard _____ Am. Express _____ Discover

Card number _____ Exp. Date: _____

Signature of cardholder: _____

-----MHS Use Only-----

Proof of death attached _____ Proof of identity attached _____

MHS staff approval _____