



**Anoka County Attorney**  
**TONY PALUMBO**  
Justice, Advocacy, Prevention.

## **Anoka County Truancy Referral User Request Form**

Each person who will be submitting referrals needs to fill out and return the form to the email address listed at the bottom of this page. Last Name, First Name and Middle Initial (if any) are required. Note: The form only needs to be submitted if you are a **new user** to the Anoka Truancy Referral system, **or if you have changed schools.**

Outages and other situations that may affect your ability to submit referrals will be broadcast on the My Home page.

Once this completed form is received in the County Attorney's office, we will set up the user's account and forward instructions on using the Truancy Referral form. If you have any questions about account set-up or submitting referrals, please call our Help Line at **763-324-5500**, Monday through Friday, 8 a.m. to 4:30 p.m or send an email to [RS-Atty-Tech@co.anoka.mn.us](mailto:RS-Atty-Tech@co.anoka.mn.us)

**Please return the completed form via email to [Alexandria.Borowski@co.anoka.mn.us](mailto:Alexandria.Borowski@co.anoka.mn.us).**

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**User information:**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Preferred Salutation:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_