

CASS CITY ELEMENTARY
REQUEST FOR SCHOOL RECORDS

Student Name _____	Date of Birth _____	Grade _____
Previous School Attended: _____		
Address: _____		

Phone _____	Fax _____	

Records requested:

- Attendance Information (include dates of withdrawal)
- Health Records & Immunization Record
- Discipline History
- Test Scores
- UIC Code
- Transcript (also include student's grades to date, which include the period since the last grade report through the withdrawal date)
- Special Education Files & Psychological files

o PLEASE FAX TRANSCRIPT TO 989-872-3910 TO EXPEDITE OUR PROCESS.

In sending this form, we are requesting information about one of your former students. Before we formally enroll the student, we are requesting that you answer the questions below about the above student.

1. Has the above named student been suspended or expelled from your school district? _____
If yes, please explain: _____

2. Is disciplinary action pending against this student? _____ If yes, please explain: _____

3. Was this student in a special education program in your school district? _____
If yes, please give student's current placement: _____

4. Student's last date of entry to your school? _____

Parent Release Form: As parent or legal guardian for the above named student, I hereby authorize the release of all school records to Cass City Jr./Sr. High School and request that they be sent to the above address at your earliest convenience.

According to the Final Regulations-Family Educational rights & Privacy Act (Buckley Amendment) dated 6-17-76, it is no longer necessary to obtain written consent to release records. It states that school officials, including teachers within the educational system in which a student intends to enroll, may receive a students record without parental consent for such release.

Parent/Guardian Signature _____	Date _____
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PLEASE SEND RECORD TO: Cass City Elementary
4805 Ale Street
Cass City, Michigan 48726