



Request for Educational Records

Name of Last School Attended: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax: _____ Phone: _____

Please send the entire cumulative file for the student listed below – including, but not limited to academic, discipline, health, legal, test, diagnostic records and special services.

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	
Date of Birth	Current Grade	

Please fax unofficial transcript and withdrawal grades upon receipt to the fax number below.

Mail entire cumulative file to:

Everett High School Attn: Records Clerk 3900 Stabler St. Lansing, MI 48910 Phone: 517-755-2088 / Fax: 517-755-4497
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Parent/Guardian or School Official Signature

Date of Request

Parental permission is no longer required when records are requested by authorized school personnel (Family Education Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976. Vol. 41.No.18, pg. 24673)

Has the above named student had any out-of-school suspensions from your school/district in the past two years? Yes _____ No _____

Has the above named student ever been expelled from your school/district? Yes _____ No _____

If you responded yes to either question above, please include the entire disciplinary record for this student.

Signature of sending school administrator: _____ Date: _____

Printed name of sending school administrator: _____