

Request for Educational Records

Name of Last School Attended:_		
Address:		
' City:	State:	Zip:
Fax: Please send the entire cumulative limited to academic, discipline,		Ç,
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:		
wan entire cumulative me to.	Everett High School Attn: Records Clerk 3900 Stabler St. Lansing, MI 48910 Phone: 517-755-2088 / Fax: 517-755-4497	
Parent/Guardian or School Offici Parental permission is no longer required whe Privacy Act, Final Rule on Education Records	en records are requested by authorized school	
Has the above named student had past two years? Yes	- ^	from your school/district in the
Has the above named student ever been expelled from your school/district? Yes No		
If you responded yes to either que student.	estion above, please include the	entire disciplinary record for this
Signature of sending school ad	lministrator:	Date:
Printed name of sending school	ol administrator:	

It is the policy of the Lansing School District that no discriminatory practices based on gender, race, religion, color, age, national origin, disability, height, weight, or any other status covered by federal, state or local law be allowed in providing instructional opportunities, programs, services, job placement assistance, employment or in policies governing student conduct and attendance. Any person suspecting a discriminatory practice should contact the Department of Human Resources at the Lansing School District, 519 W. Kalamazoo St., Lansing, MI 48933.