

Official Request



Lansing School District Special Education Records

NOTE: Please allow 5-7 business days for processing

Date of Request:	Number of Copies:	Identification Used (Copy of ID MUST accompany this request)
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Purpose of Request:

- College/University Enrollment
 Obtain a State Identification
 Employment
 Other

Student Name (Please Print)		Former Name		Date of Birth	
Current Address		City		State	Zip Code
Home Telephone Number:			Work Telephone Number:		
School Attended	Last Calendar Year Attended	If graduated, please indicate year of graduation			

Type of Request:

- MET
 IEP
 PSYCH/SPCH EVALS
 SOCIAL WORK
 TEACHER EVALS
 OT/PT REPORTS

Release Records by:

Pick-up: Please call:
 Home Telephone Number
 Work Telephone Number

E-mail To: _____

Fax To: _____

A clear photo id must be submitted with this form. You may be required to re-submit your id if any or all parts are illegible.

Student or Parent/Guardian is responsible for correct and complete information. If you are requesting transcripts please contact the Department of Assessment and Pupil Accounting office at 517-755-2820.

Student or Parent/Guardian Signature: _____

Date: _____

Lansing School District
Central Records
Phone: 517-755-5721
Fax: 517-755-4019

Central Records Office use only:

File Location: **Beekman** (Y/N) ___ **Archives** (Y/N) ___ **T-number** ___ / ___

Active file (Y/N) ___ **Inactive file** (Y/N) ___

Student Number: _____ Date Completed: _____ Completed By: _____