



**Community Schools**

## Request for School Records

### 2016-17

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Date \_\_\_\_\_

**Transferring From:** \_\_\_\_\_  
School District Name School Building Name

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Address City State Zip

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School Number

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School Fax Number

**The following student has enrolled in our school.**

Name of Student: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name \_\_\_\_\_

Please fax the following information to 269-548-3801 and mail the official cumulative educational records.

- Immunization records
- Birth certificate
- Special Education Information (IEP, PA504, or accommodation plan)

**Please send records to:** Kellogg Elementary School  
9594 N. 40<sup>th</sup> Street  
Hickory Corners, Michigan 49060  
Voice: 269/548-3800 Fax: 269/548-3801

According to the Final Regulation-Family Education Rights and Privacy Act dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that the school officials, including teachers within the educational institution and officials of other school systems in which the student may intend to enroll, may receive a student's record without a written consent for such release.