



Community Schools

Request for School Records

2016-17

Date _____

Transferring From: _____
School District Name School Building Name

Address City State Zip

School Number 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 269-548-3901 and mail the official cumulative educational records.

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

Please send records to: Richland Elementary School
9476 East M-89
Richland, MI 49083
Voice: 269/548.3900 Fax: 269/548.3901

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.