



Community Schools

Request for School Records

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 269-548-3701 and mail the official cumulative educational records.

- Special Education Information (IEP, PA504, or accommodation plan)
- Immunization records
- Birth certificate
- State of Michigan UIC number (if applicable)

Please send records to: Thomas M. Ryan Intermediate School
9562 East M-89
Richland, Michigan 49083
Phone: 269/548-3700 Fax: 269/548-3701

Thank you for your prompt attention.

Martha Mauzy, Thomas M. Ryan Intermediate School
Phone Number: 269/548-3711

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.