



AUBURN HILLS CHRISTIAN SCHOOL
P.O. BOX 4386
Auburn Hills, MI 48321-4386

REQUEST FOR STUDENT RECORDS

In accordance with the Family Educational Rights and Privacy Act, schools may send a student's educational record to officials of other schools or school systems in which they seek or intend to enroll, upon condition that the student's parents be notified of the transfer, receive a copy of the record if desired, and have an opportunity to challenge the contents of the record.

Thank you for your prompt consideration of this request for:

1. Medical records (school physical, immunizations, TB test and birth certificates)
2. Psychological evaluations, current Individual Education Program, special education records (initial referral, permission to evaluate, permission to place)
3. Standardized test scores (MEAP, SAT, CAT, etc.)
4. Withdrawal Grades (numerical and letter grades)
5. Any additional information that would be pertinent (special placement-gifted, behavioral disorder, etc.)
6. An official transcript
7. Attendance (excused and unexcused)
8. Portfolios (writing and math)
9. Individual Career Plan Folder

Releasing School

School Name

Address

City

State

Zip

Phone

Fax Number

Student Information

Student(s) Name

Last

First

Date of Birth

Grade level at time of withdrawal

I hereby authorize the release of the records indicated above.

Signature Parent/Legal Guardian

Date

Office Use Only

Fax Date: