



## RECORDS REQUEST FORM

STUDENT LEGAL LAST NAME	STUDENT LEGAL FIRST NAME	DATE OF BIRTH	GRADE (FALL 2018)

### Authorization For Release Of Student Records Information

*In accordance with legislation regarding privacy rights of parents and students, written permission must be granted by parents / guardians before certain information may be released to a third party. There are some exceptions to this such as directory information (name, grade, dates of attendance, awards, height, weight); use of records by officials within an educational system; some local, state and national agencies for research studies and certain other special purposes. NOTE: Parental / Guardian permission is no longer required when records are requested by authorized school personnel.*

*(Family Educational Privacy Act, Federal Register, June 17, 1976, Vol. 41 No. 118, and p. 24673).*

### **Registrar or Counselor:**

You are hereby authorized to release from your records the following data concerning the student listed below.

- Standardized test data (MSTEP, etc.)
- General Educational Records  
(Should Include: all records pertaining to student, scholastic achievement data, all grades prior to transfer, discipline record)
- Special Education / Confidential records (Should Include: medical data/immunizations, psychiatric, psychological, social history, social worker reports, IEP, MET, IEPC, 504 plan, health action plan, behavioral records / action plan)
- Birth Certificate

Student's Previous School History			
	Grade	School Name	City
1.			
2.			
3.			

### **Parent/Guardian:**

The purpose of this form is for you to give permission for Michigan Educational Choice Center (MECC) to request your child's educational records from any previous school(s).

I, \_\_\_\_\_, authorize the staff of MECC to request

Guardian Name

educational records for \_\_\_\_\_ from any previous school(s).

Student Name

Parent or Guardian Name

Signature

Date