

REQUEST FOR STUDENT RECORDS

Dear Principal:

The student listed below is now enrolled in the Fitzgerald Public School district. At your earliest convenience, please mail the cumulative record, student discipline report, transcript of grades, achievement and ability test scores, and any pertinent information concerning this student, including health records.

These records may include CONFIDENTIAL information that may have importance in educational planning for my child/children (i.e. medical, psychiatric, psychological, social work and/or speech and language reports and other related special education services received).

Student's name (as it appears on the student's birth certificate):	Studer	nt's birth date:
Grade entering: Date entering:	School child will be attending:	11
las student ever been suspended? ☐ Yes ☐ No If yes, pleas	e explain:	
Has student ever been expelled? ☐ Yes ☐ No If yes, please	e explain:	
Previous school's name:	2:	
Previous school's address:	City/State:	Zip code:
revious school's phone number:	Previous school's fax number:	2.5
I hereby grant permission for the rele	ase of the above record(s) to Fitzg	erald Public Schools
I hereby grant permission for the rele	ase of the above record(s) to Fitzg	erald Public Schools Date:
	Relationship to student:	
ignature of parent/guardian:	Relationship to student:	
ignature of parent/guardian:	Refationship to student:	Date:
ignature of parent/guardian: LEASE MAIL RECORDS TO (check only o	Refationship to student: one): ADDRESS	PHONE (586)757-7070 (586)757-4620
ignature of parent/guardian: LEASE MAIL RECORDS TO (check only o Fitzgerald High School • Fitzgerald Virtual Academy	Relationship to student: one): ADDRESS 23200 Ryan Rd., Warren, MI 48091	PHONE (586)757-7070 (586)757-4620

We wish to remind you that in compliance with the Family Education Rights and Privacy Act, as amended December 31, 1974, information in our records is available only to authorized personnel, and may not be revealed to others without written consent of the parent or eligible student (age 18+). However, all student records must be made available on request for inspection by parents or eligible students. Therefore, please do not include any information which cannot be shared with parents or students.

PLEASE RETURN THIS FORM WITH RECORDS. THANK YOU FOR YOUR PROMPT ASSISTANCE. SHOULD YOU HAVE QUESTIONS, FEEL FREE TO CONTACT THE SUPERINTENDENT'S OFFICE AT 586.757.1750