



STUDENT INFORMATION

Last Name: _____ First Name: _____
Birth Date: _____ Last School Attended: _____
Last Grade Completed: _____ Last Year Attended: _____
School Address: _____
School Phone: _____ School Fax: _____
Parents Signature: _____ Date Requested: _____

STUDENT RECORD REQUEST FOR: (Office Use Only)

- | | | |
|--------------------------------|--|---|
| <input type="checkbox"/> CA-60 | <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Transcript/Last Grade Report |
| <input type="checkbox"/> IEP | <input type="checkbox"/> Special Testing | <input type="checkbox"/> Other _____ |

Within 14 days after enrolling transfer students, the school shall request in writing directly from the student's previous school a copy of his or her record. Any school that complies records for each student in the school and that is requested to forward a copy of a transferring student's record shall comply within 30 days after receipt of the request.

The Federal Register Volume 41, No. 118, Section 99.31, June 17, 1976 states:

PRIOR CONSENT FOR DISCLOSURE IS NOT REQUIRED IF THE DISCLOSER IS TO OFFICIALS OF ANOTHER SCHOOL OR SCHOOL SYSTEM IN WHICH THE STUDENT SEEKS OR INTENDS TO ENROLL.

MAIL OR FAX RECORDS TO:
3700 Cleary Drive · Howell, MI 48843
517-545-0828 p · 517-545-7588 f
kwoods.org