



OUR LADY OF SORROWS
CATHOLIC SCHOOL

REQUEST FOR RELEASE OR TRANSFER OF SCHOOL RECORDS

This form is provided for the purpose of obtaining or releasing a student's records. By signing this release, a parent or legal guardian will expedite the transfer of records to the receiving school.

OFFICIAL REQUEST FOR INFORMATION (Please print or type)

STUDENT _____ BIRTH DATE _____ GRADE _____ ENTRY DATE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREVIOUS SCHOOL _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PURPOSE OF REQUEST Transfer _____ Other _____

INFORMATION TO BE RELEASED

GENERAL EDUCATION RECORDS Should include all grades at time of transfer, attendance, immunization, health records, and standardized testing

SPECIAL EDUCATION/CONFIDENTIAL RECORDS Should include medical, psychiatric, psychological, social history, social work reports, MET, IEPC records, 504 and/or accommodation plans

INFORMATION regarding any attendance in Special Education programs/services or adjustment of curriculum for any reason

INFORMATION regarding any disciplinary actions, including suspensions and expulsions

AUTHORIZATION FOR THE RELEASE OF STUDENT RECORDS

In accordance with the provisions of the Family Education Rights and Privacy Act (PL93-380), I do hereby give consent to school indicated above (previous school) to release the above indicated records of this student to:

OUR LADY OF SORROWS CATHOLIC SCHOOL
24040 Raphael Street
Farmington, MI 48336

Signature of Parent/Guardian

Date