



<enter your address information here>

Notification of Transfer of School Records Information Release Request

To: _____
(Name of previous school attended)

(Street Address)

(City, State, Zip)

Please send records containing the following information to:

- Transcript of grades, tests, and attendance records
- Verification of last grade attended
- Verification of birth date / birth certificate
- Health records / immunization records
- Special education records (IEPC, diagnostic reports, etc.)
- (Michigan Only) SRSD UIC Number (required by the State)

<Enter Building Name>

<Enter Building Address>

<Enter City, State, Zip>

Student Name: _____ Birthdate: _____

Student Name: _____ Birthdate: _____

Student Name: _____ Birthdate: _____

Pursuant to the Federal Family Educational Rights and Privacy Act of 1974 (PL93-380) concerning confidentiality of student records, you have the following rights:

1. To receive notification prior to the transfer of school records
2. To receive a copy of the records, if desired, at your expense
3. To request a hearing to challenge the contents of the records

I hereby acknowledge receipt of notification that Portage Public Schools is requesting the transfer of the school records of my child(ren) listed above.

Signed: _____ Date: _____
(Signature Parent/Guardian or Student*)

** If the student is 18 years of age or older, only he/she may consent to the release of school records.*