

PLEASE RETURN TO:

MAILING LABEL WILL BE PROVIDED
BY CENTRAL ENROLLMENT STAFF



REQUEST FOR EDUCATIONAL RECORDS

NAME OF LAST SCHOOL ATTENDED: _____

ADDRESS OF LAST SCHOOL ATTENDED: _____

CITY: _____ STATE: _____ COUNTRY: _____

STUDENT'S FULL NAME: _____

GRADE OF LAST SCHOOL ATTENDED: _____

STUDENT'S DATE OF BIRTH: _____ STUDENT'S UIC#: _____

The above-named student has enrolled at the Troy School District, stating that he or she attended your school. Please furnish us with the following information to provide proper placement of the student.

- Grade records through withdrawal date and an explanation of the grading system.
- Standardized test records and scores.
- All individual psychological testing or diagnostic evaluations, and all special and developmental history reports or any other evaluations by school social workers.
- Any special education placement data and specifically the most recent IEP.
- Disciplinary records, including any suspensions and expulsions.

Is the student currently suspended or expelled from your school or school district? YES ____ NO ____

If yes, reason(s):

THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) STATES THAT PARENTAL CONSENT FOR DISCLOSURE OF RECORDS IS NOT REQUIRED IF THE DISCLOSURE IS TO OFFICIALS OF ANOTHER SCHOOL OR SCHOOL SYSTEM IN WHICH THE STUDENT SEEKS OR INTENDS TO ENROLL.

REQUESTING SCHOOL OFFICIAL'S SIGNATURE: _____

Troy School District Administration Building/Central Enrollment-4400 Livernois, Troy, MI-248.823.4000 or FAX 248.823.4013