



FERNDALE PUBLIC SCHOOLS

Adult & Alternative Education

427 Allen • Ferndale MI 48220

Phone: 248/586-8910 • Fax: 248/586-8907

Request for Student Educational Records 2009-2010 School Year

TO: _____

FAX #: _____ DATE: _____

FROM: _____

RE: Please **send a copy of** or **fax the complete** school records, including High School transcripts, test scores, diploma endorsement, health appraisal (including immunization records) and any other pertinent information that will assist us in enrolling the following student in the Ferndale Alternative Education Program.

Student Name Present Grade Date of Birth

School Name City & State

Last Grade Completed Last Year of Attendance

Parent/Guardian Name Current Address (Street, City, State)

COMMENTS:

Send records to address listed above

I hereby authorize the release of permanent school records and confidential information regarding my child/myself.

Parent/Guardian/Student (if over 18) Signature: _____ Date: _____

School Official Signature: _____ Date: _____

PLEASE NOTE: Under the provisions of the Privacy Rights of Parents and Students Act, page 1213, Subpart D, 99.30(b). It is not necessary to have written consent of the parents to release records "to officials of other schools or school systems in which the student seeks or intends to enroll."