# JACKSON PUBLIC SCHOOLS


## STUDENT SUPPORT SERVICES

1401 North Brown Street ● Jackson, Michigan 49202 ● Phone 517-841-2168 ● Fax 517-789-8677


## REQUEST FOR STUDENT RECORDS

| Name of Student | Date of Birth | Grade |
|---|---|---|
| Name of Student | Date of Birth | Grade |
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Please include cumulative school records, health records, test scores, psychological reports, special education records, etc. Any additional information you can give us to help in proper placement will be appreciated.

Under the provisions of the Federal Educational Rights and Privacy Act, Federal Register, Volume 41, NO. 118, June 17, 1976, it is no longer necessary to have written consent of the parents to release records. School officials, including teachers within the educational institution and officials of other school systems in which the student intends to enroll, may request student records.

Send records to: _____

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| Name of Previous School | Parent/Guardian Signature |
|---|---|
| Address | Date |
| City State ZIP | Principal's Signature |