



GLEN LAKE SECONDARY REQUEST FOR RECORDS

PHONE: 231-334-3061 FAX: 231-421-7822

Date: _____ Previous School: _____

Address _____

Phone # _____

FAX # _____

Student Name Date of Birth Grade

Please FAX the following information as soon as possible to (231) 421-7822- Current transcript (HS) and withdrawal grades, current report card (MS), any current IEP or 504.

Please mail the student's CA-60 file to include all records, immunizations, birth certificate copy, special education records, withdrawal grades, discipline record and test scores along with any other pertinent information.

**MAIL TO: Glen Lake Community Schools – Secondary
3375 W Burdickville Road
Maple City, MI 49664**

Parent Signature Contact Phone Date

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 4, No. 118, p24673)