

MARYSVILLE PUBLIC SCHOOLS DISTRICT
Elementary Records Release

Date of Request: _____

Previous School: _____

Phone: _____

Street Address: _____

Fax: _____

City, State, ZC: _____

Permission to Release: I hereby authorize the above named school to release any and all records, General Education and/or Special Education, including psychological evaluations and health information.

Enrollment Date: _____

Student(s) Name	Grade	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Signature

Date

Please release student(s) General Education Records to:

Gardens Elementary
1076 Sixth St.
Marysville, MI 48040
(810)-364-7141
Fax: 810-364-2987

Morton Elementary
920 Lynwood St.
Marysville, MI 48040
(810) 364-2990
Fax: 810-364-5983

Washington Elementary
905 16th St.
Marysville, MI 48040
(810) 364-7101
Fax: 810-364-2986

SPECIAL EDUCATION RECORDS ARE TO BE SENT TO:

Marysville Public Schools Special Education
495 East Huron Blvd.
Marysville, MI 48040
(810) 455-6035
Fax: 810-364-3150

please include the MET, REED and any health and testing information with the IEP, as available.

This request is being sent in accordance with Section 1135 of the Michigan Revised School Code which requires a transfer of student's previous school to forward the student's school record to the enrolling district; and the final regulations of Family Educational Right and Privacy Act, (FERPA), which permits the disclosure of students records to another school where a student is in attendance or seeks to enroll without written consent, provided appropriate notice is given.

Internal: Request sent _____, _____, _____mail _____fax _____email