



Request for Cumulative Records

To: Office of Student Records

Former School District

Former School Name

Street Address

City

State

Zip

Student _____ **Date of Birth** _____ **Grade** _____

Please send complete information on the above-named student to the school circled below, including:

- Special Education/Psychological Records
- Immunization Data/Medical Records
- Testing Reports (including MEAP/ACT/SAT/ MME from MI schools)
- Grades/Transcripts
- Student disciplinary records including suspension/expulsion action against the student

Columbia Elementary School
 Grades PreK - 2
 320 School Street
 Brooklyn, MI 49230
 517-592-6632
 Fax: 517-592-3337

Columbia Upper Elementary School
 Grades 3-6
 321 School Street
 Brooklyn, MI 49230
 517-592-2181
 Fax: 517-592-3447

Columbia Central Jr. High School
 Grades 7-8
 11775 Hewitt Rd
 Brooklyn, MI 49230
 517-544-0063
 Fax: 517-592-8909

Columbia Central High School
 Grades 9-12
 11775 Hewitt Rd
 Brooklyn, MI 49230
 517-592-6634
 Fax: 517-592-8909

Columbia Options High School
 Grades 7-12
 4460 N. Lake Road
 Clarklake, MI 49234
 517-529-9400
 Fax: 517-529-4853

I hereby authorize the release of all records relating to this student, including special education records to the Columbia School District.

Date

Please print name

Parent/Guardian Signature

Parental permission is no longer required when records are requested by authorized school personnel. (Family Education Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976 Vol. 41 No. 118, Page 24673.)

Mission Statement:

Nurture Dreams, Empower All, Create a Better World.