

**REQUEST FOR STUDENT RECORDS**

School From: _____		
<b>Complete</b> Street Address of School		
City	State	Zip

The student(s) listed below has/have enrolled in a **Bay City Public Schools**. Please forward the complete file(s) which would include report cards, test scores, health records, attendance records, IEP's, psychological testing information (if applicable), **10-digit UIC No.** \_\_\_\_\_, discipline record and other pertinent information to:

**School Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

Name of Student	Birth Date	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Has your child received any of the following services:**

Special Education \_\_\_\_\_ Speech \_\_\_\_\_ Other \_\_\_\_\_

**Was your child previously enrolled in Bay City Public Schools?** \_\_\_\_\_

\_\_\_\_\_  
\*Signature of Parent/Guardian                      Relationship to Child                      Date

\_\_\_\_\_  
Signature of Authorized School Official                      Title                      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)