

REQUEST FOR EDUCATIONAL RECORDS

School Requesting Records: _____

Address: _____

Phone # /Fax #: _____ / _____

Date: _____

To: _____

School Name

Street Address

City

State

Zip

We have just enrolled the following child/children in Ann Arbor Public Schools. Please send records, including medical, social, psychological and any other reports that would assist us in placing and evaluating this student.

These reports should be forwarded to the above address.

Student Legal Name (Last, First)

Grade

Date of Birth

Parent /Guardian Signature

Date