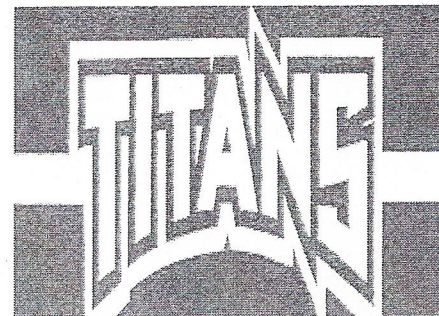


REQUEST FOR RECORDS



Michigan Lutheran High School
615 East Marquette Woods Road
Saint Joseph, MI 49085
Phone: 269-429-7861
Fax: 269-429-4428



The following student is requesting enrollment at Michigan Lutheran High School:

NAME _____ DOB _____ ENTERING GRADE _____

Last School Attended _____

School Address _____ City _____ State _____ Zip _____

School Phone _____ School Fax _____

For Office Use Only:

Please Fax the Following ASAP:

___ All High School Transcripts

___ Semester/Exit Grades

___ Immunization/Health Records

___ Disciplinary Record, if applicable

___ Latest IEP, If applicable

Please Mail the Following:

___ Cululative File (CA-60)

___ Special Education Records,
if applicable

MEMO: _____

This information is being requested under the Family Educational Rights and Privacy Act (FERPA) 34 CFR Part 99 Sec. 99.31 which in part:

a) An education agency or institution may disclose personally identifiable information from an education record of a student without the consent required by Sec. 99.30 if the disclosure meets one or more of the following conditions:

- 1) The disclosure is to other school officials, including teachers, within the agency or institution whom the agency or institution has determined to have legitimate educational interests.
- 2) The disclosure is, subject to the requirements of Sec. 99.34, to officials of another school, school system, or institution of postsecondary education where the student seeks or intends to enroll.

Parent or Authorized Signature _____ Date _____