



STUDENT RECORD REQUEST

Name of Last School Attended: _____

Address: _____ City/State/Zip _____

Phone: _____ Fax: _____

Please send us school records for:

Student: _____ Date of birth: _____

Grade: _____

Please forward the following items:

- ❖ Certified copy of birth
- ❖ Transcript/Last Report Card/Most recent grades
- ❖ Special Education Program Eligibilities | 504 Plan if applicable
- ❖ Immunization Record/MCIR status- Copy of Athlete physical if on file
- ❖ UIC Code
- ❖ Attendance Records
- ❖ Student Discipline
- ❖

Parent/Guardian/School Official _____ Date _____

PL-93-380, THE FEDERAL FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT says that written consent of the parent/guardian/eligible students **IS NOT REQUIRED** to release educational records to officials of other school or school system in which student seeks or intends to enroll.

Please direct all enrollment information to:

Chantelle Jones, 6-12 Registrar - Athletic Secretary

jonesc@benzieschools.net

231-882-4497 Ext. 2151