

STUDENT RECORD REQUEST

Name of Last School Attended:		
Address:	City/State/Zip	
Phone:	Fax:	
Please send us school records for	:	
Student: Grade:	Date of birth:	
Please forward the following item Certified copy of birth Transcript/Last Report Card/I Special Education Program El Immunization Record/MCIR S UIC Code Attendance Records Student Discipline	Most recent grades	
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:

Catina M. Crossman Ext. 2001

crossmanc@benzieschools.net

Executive Assistant to the Superintendent

Director of Communications | Pupil Accounting Specialist | 6-12 Registrar