



Port Huron Schools

Advocate Innovate Educate

2720 Riverside Drive, PO Box 5013 • Port Huron, MI 48060 • 810-984-3101

OFFICIAL REQUEST / STUDENT EDUCATIONAL RECORDS

Student's Legal Name: _____

Birth Date: _____ Grade Level: _____ Maiden Name, if any: _____

Previous District: _____

Previous School: _____

Address: _____

City/State/Zip: _____

Office Phone: _____ Fax Number: _____

The following student enrolled in Port Huron Area School District on: _____
Date

Does the student have an IEP (Individualized Education Plan)? Yes No

The No Child Left Behind Act [MCL 380.1135(4)] requires that the enrolling school has 14 days to request a copy of the students records from the previous school and the sending school has 30 days from receipt of the request to provide the educational records. It also requires that the student's disciplinary record, including suspension and expulsion action against the student, must be included in the student record that is transferred from any public or private school.

___ Please forward CA60 Cumulative File/school records/tests and any additional information to us via mail within 30 days of this request. Thank you.

Please fax the following information ASAP to

Fax:

Cumulative Record Information
Transcript of cumulative grades
Withdrawal grades
Schedule
Other _____

Special Education Records (if applicable)
Current/most recent IEP

Please send the student's educational record (CA-60) to (school):

Please send **Special Education records** only to:

Port Huron Area School District
Special Education Department
2720 Riverside Drive
Port Huron, MI 48060

To be completed by the Parent/Guardian:

I hereby consent to the release of the records requested for the above named student:

Date

Signature of Parent

Name of School Official Requesting Records

Phone

Date Requested

