



**OUR LADY OF SORROWS**  
CATHOLIC SCHOOL

## REQUEST FOR RELEASE OR TRANSFER FOR SCHOOL RECORDS

This form is provided for the purpose of obtaining or releasing a student's records. By signing this release, a parent or legal guardian will expedite the transfer of records to the receiving school.

**OFFICIAL REQUEST FOR INFORMATION: (Please print or type)**

STUDENT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_ ENTRY DATE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PREVIOUS SCHOOL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PURPOSE OF REQUEST    Transfer \_\_\_\_\_    Other \_\_\_\_\_

### INFORMATION TO BE RELEASED

**GENERAL EDUCATION RECORDS**    Should include: all grades at time of transfer, attendance, immunization, health records, standardized testing

**SPECIAL EDUCATION/CONFIDENTIAL RECORDS**    Should include: medical, psychiatric, psychological, social history, social work reports, MET, IEPC records, etc.

**INFORMATION** regarding any attendance in Special Education Programs or adjustment of curriculum for any reason

### AUTHORIZATION FOR THE RELEASE OF STUDENT RECORDS

In accordance with the provisions of the Family Education Rights and Privacy Act (PL93-380) I do hereby give consent to school indicated above (previous school) to release the above indicated records of this student to:

**OUR LADY OF SORROWS SCHOOL**  
24040 Raphael Street  
Farmington, MI 48336

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Signature of Parent/Guardian

Date