

OLD REDFORD ACADEMY

Request for Release of Student Records

The following named student has enrolled in Old Redford Academy for the _____ school year.
PLEASE PRINT ALL INFORMATION NEATLY AND CLEARLY.

Last Name	First Name	Date of Birth	Current Grade
In the spaces provided below, please list the previous (2) schools attended:			
Most recent school attended:			
School Address	City, State	Zip	
Second previous school attended:			
School Address	City, State	Zip	

Information received will be used solely for educational planning. Parental permission is no longer required when records are requested by authorized school personnel in compliance with "Federal Education Rights and Privacy Act", Final Rule on Education Records, Federal Register, June 17, 1976, Volume 41, No 118, Page 24675.

Parent(s), Legal Guardians or Legal Age students may request to review and/or a copy of the records transferred. If this is desired, the school office should be notified. If you request a copy of records being transferred, this school is relieved of responsibility for confidentiality of those records. EC-S-75-78-09.

Please send the requested information to:
Old Redford Academy Educational Central Office
22122 W. McNichols
Detroit, MI 48219
Attn: Student Records
Central Office Phone: (313)766-7615/FAX : (313) 977-9112

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Please include the following information:

All School Records
 Discipline Records
 Special Education Data
 Transcript only
 Other _____

For Office Use Only

1 st request date: _____	2 nd request date: _____	3 rd request date: _____
Sent by: _____	Sent by: _____	Sent by: _____
<input type="checkbox"/> Mailed <input type="checkbox"/> Faxed	<input type="checkbox"/> Mailed <input type="checkbox"/> Faxed	<input type="checkbox"/> Mailed <input type="checkbox"/> Faxed