

*Choice Schools Associates, LLC*

*Request for Release of Student Records*

*Date:* \_\_\_\_\_

*Previous School:*            *Name:* \_\_\_\_\_  
*Address:* \_\_\_\_\_  
\_\_\_\_\_  
*Phone:* \_\_\_\_\_  
*Fax:* \_\_\_\_\_

*Request for Records of:*  
*Student Name:* \_\_\_\_\_ *Grade:* \_\_\_\_\_

*Parental permission has been given for this request for records indicated by the parent's signature below:*

*Parent's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*The above named pupil recently enrolled in our school. In order for us to adequately place this student, we are requesting the complete records of the named student.*

*Please include with these records all items listed below if available:*

- 1. Psychological and/or diagnostic test results.*
- 2. Social worker reports*
- 3. Special hearing and eye examinations.*
- 4. Achievement test results.*
- 5. All health records and doctor reports.*

*Please forward records to: (circle one)*

*Grattan Academy  
12047 Old Belding Rd.  
Belding, MI 48809*

*Creative Learning Academy  
540 Lang Road  
Beaverton, MI 48612*

*West Michigan Academy of  
Environmental Science  
4463 Leonard NW  
Grand Rapids, MI 49544*

*Three Oaks Academy  
553 West Lakewood Rd  
Twin Lake, MI 49457*

*\*Within 14 days after enrolling a transfer student, the school district shall request in writing directly from the student's previous school a copy of his or her school record. Any school that receives a request for a copy of the student's record must comply within 30 days after receipt of the request, unless student's record has been "tagged" pursuant to Section 1134.*