



SPRING LAKE PUBLIC SCHOOLS

Date Requested _____

Date Received _____

REQUEST FOR RELEASE OF STUDENT RECORDS

I hereby grant permission to have _____
Name of School

Address _____ City _____ State _____

Phone _____ Fax _____

Send the school records of my child(ren) to:

- Holmes Elementary School
426 River Street
Spring Lake, MI 49456
Phone: 616-846-5504
Fax: 616-847-7934
(Grades K-4)
- Jeffers Elementary School
16031 144th Avenue
Spring Lake, MI 49456
Phone: 616-846-5503
Fax: 616-847-7928
(Grades K-4)
- Spring Lake Intermediate
345 Hammond Street
Spring Lake, MI 49456
Phone: 616-846-6845
Fax: 616-847-7580
(Grades 5-6)

Signature of Parent/Guardian

Date

This is to inform you that the student(s) named below have enrolled at the school listed above. In order to facilitate the most appropriate educational program, please send ALL the records (cumulative file, report cards, testing, health, reports, psychological reports, and any special education, speech and remedial data).

Name of Student(s)	Birthdate	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

*According to the Final Regulations-Family Education Right and Privacy Act (Buckley Amendment), June 17, 1976, it is no longer necessary to obtain written consent to release records. It states that school officials, including teachers within the educational institution and officials of other schools in the school system in which the student may intend to enroll, may receive a student's record without a written consent for such release.