



Wolverine Community Schools

Home of the Wildcats

wolverineschools.org
Phone: (231) 525-8201
Fax: (231) 525-8251

Student Record Request Form

Student Information

Student Name: _____ Date of Birth: _____ Grade: _____

Current School Information

School Currently Enrolled: _____

School Address: _____

School Phone: _____ School Fax: _____

Records Requested

- _____ Cumulative Folder (Attendance Records, grade level, classroom test results, grades, UIC)
- _____ Health Information (hearing, \ (hearing, vision, immunizations, medication, etc.)
- _____ Psychological Testing (educational, social, developmental information, copies of current IEP, MET, or any other Special Education documents)
- _____ Discipline
- _____ Other: _____

With the signature of a parent/guardian below, you are hereby authorized to release to Wolverine Community School District the records requested above.

Please accept this notification that Wolverine Community School District will be requesting an FTE adjustment per Section 25 for the above student.

Enrollment Date In District: _____

Signature

Signature of Parent/Guardian: _____ Date: _____

Please send records to: Wolverine Community Schools; P.O. Box 219; Wolverine, MI 49799

Fax: Elem - 231-525-8591 MS/HS - 231-525-8251

Office Phone: 231-525-8201 Elem Extension: 1000 MS/HS Extension: 1001