

GOBLES MIDDLE/HIGH SCHOOL

409 North State Street
P.O. Box 412
Gobles, MI 49055

Phone (269) 628-2113
Fax (269) 628-5306

REQUEST FOR EDUCATIONAL RECORDS

PREVIOUS SCHOOL

Address _____

City, State, Zip _____

Telephone _____

Fax _____

NAME OF STUDENT

Birth Date _____

Grade Entering _____

- PLEASE FAX THE FOLLOWING INFORMATION AS SOON AS POSSIBLE:**
Immunization Record, Birth Certificate, Drop Grades, Report Card and Transcript,
Affirmation of Prior Discipline, Latest IEP and M.E.T. Reports if applicable.

FAX: (269)628-5306

PHONE (269)628-2113

- PLEASE MAIL THE CUMMULATIVE FILE AND SPECIAL EDUCATION FILES TO:**

Gobles Middle/High School
Registration Office
409 N State Street/PO Box 412
Gobles, MI 49055

Signature of Parent, Guardian and/or Student if 18 years of age

Date

According to the Family Educational Rights and Privacy Act, Section 99.34 states in summary that : Schools may send a student's educational record to officials of other schools or school systems in which the student seeks or intends to enroll, upon condition that the student's parents be notified of the transfer, receive a copy of the record, if desired, and have an opportunity to challenge the content of the record.