

ONSTED COMMUNITY SCHOOLS

10109 Slee Rd, Onsted, MI 49265

Phone: (517) 467-2174



REQUEST FOR TRANSFER OF CUMULATIVE SCHOOL RECORDS

This form is provided by Onsted Community Schools for the purpose of obtaining or releasing a student's school records. By signing this release, a parent, legal guardian, or the student involved who is over 18 years of age, will expedite the transfer of all educational records including, but not limited to health and immunization, special services records- psychological and diagnostic testing and current IEP, a transcript of academic grades, the student's last report card and/or grades to date of withdrawal.

Student Name _____ Grade _____ Date of Birth _____

Former School Name _____ Phone # _____

Address _____ Fax # _____

PLEASE SEND RECORDS TO:

_____ Onsted Elementary School, ATTN: Beth Grodi	P: (517) 467-7046 x2227	F: (517) 467-5605
_____ Onsted Middle School, ATTN: Liz George	P: (517) 467-2168 x3240	F: (517) 467-5603
_____ Onsted High School, ATTN: Gwen Sutka	P: (517) 467-2171 x4226	F: (517) 467-5602

*All schools are located at the address listed above.

1st Request _____ 2nd Request _____ 3rd Request _____ Date Received _____

I hereby authorize the transfer of all school records as defined for the above named student.

Parent/Guardian/Adult Student/Counselor/Secretary Signature* Date _____

*It is not necessary for parents to sign a release when records are being passed from public school to public school.

If Special Education Records are kept at another location (i.e. Intermediate School District Office, Special Education

Office, etc.) please forward a copy of this release so that services may be continued without interruption.

If there are any concerns that we should be aware of and would help make the proper class placement for this student, please call the applicable building.