

# St. Mary School

## REQUEST FOR EDUCATION RECORDS & AFFIRMATION FOR PRIOR DISCIPLINE RECORD

Please forward all transcripts, grades, test records, psychological and diagnostic evaluations, health records at your earliest convenience. Also send any special education records for the student named below:

\_\_\_\_\_ (Student Name) \_\_\_\_\_ (Grade) \_\_\_\_\_ (Date of Birth)

### Last School Attended:

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Directions:** Check the box next to the appropriate paragraph. Please provide information, and sign this document.

Paragraph 1:

The undersigned affirms that \_\_\_\_\_ has **NOT** been suspended or expelled from any school.

Paragraph 2:

The undersigned affirms that \_\_\_\_\_ **HAS** been suspended or expelled from any school.

If you checked the box in paragraph 2, please explain the circumstances. Include the school name, date of suspension or expulsion, and a brief description of the incident giving rise to the suspension or expulsion.

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the release of all records requested above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please send records to: St. Mary School  
905 St. Mary Blvd  
Charlotte, MI 48813