



REQUEST FOR RECORDS

From: Lakeshore Public Schools
5771 Cleveland Avenue
Stevensville, MI 49127
Phone: 269-428-1400
Fax: 269-428-_____

Today's Date: _____

I hereby request that: _____
Name of Last School Attended

Address of last school attended: _____
Street Number

City State Zip Code

Phone Number of School: _____

Fax Number of School: _____

Release to Lakeshore Public Schools, all school records of: (including academic, medical, physical, psychiatric and/or neurological information, and special education records [if applicable])

Student's Name Birthdate

Last grade completed: _____ **Current grade level:** _____

Former address for student was: _____
Street Number

City State Zip Code

Parent/Guardian's Present Address: _____
Street Number

City State Zip Code

➤ _____
Parent/Legal Guardian Signature Printed Name of Parent/Legal Guardian

PLEASE FAX THE FOLLOWING ASAP (if applicable) TO:

- Lakeshore Public Schools
 - All Transcripts
 - Semester/Exit Grades
 - Immunization/Health Records
 - Disciplinary Record, if applicable
 - Latest IEP, if applicable

PLEASE MAIL CUMULATIVE FILE (CA-60) TO:

- Hollywood Elementary**
143 East John Beers Rd
Stevensville, MI 49127
Fax #: (269) 428-1578
- Roosevelt Elementary**
2000 El Dorado Drive
Stevensville, MI 49127
Fax: (269) 428-1576
- Stewart Elementary**
2750 Orchard Lane
Stevensville, MI 49127
Fax: (269) 428-1580
- Lakeshore Middle School**
1459 West John Beers Rd
Stevensville, MI 49127
Fax: (269) 428-1571
- Lakeshore High School**
5771 Cleveland Avenue
Stevensville, MI 49127
Fax: (269) 428-1573

-AND-

PLEASE MAIL SPECIAL EDUCATION RECORDS TO:

- Lakeshore Public Schools**
Attention: Special Programs
5771 Cleveland Avenue
Stevensville, MI 49127