

SACRED HEART OF JESUS SCHOOL

1200 DAYTON SW,
GRAND RAPIDS, MI 49504
616-459-0948
FAX 616-459-0899

REQUEST FOR RELEASE OF RECORDS

Date: _____

TO: _____

Please send the cumulative records, health records, special education records, and withdrawal grades along with any other pertinent information you may have for:

Student Name: _____

Parent Signature: _____

Please send the above information to:

Barb Menardie
Sacred Heart of Jesus School
1200 Dayton SW
Grand Rapids, MI 49504

In accordance with the Final Regulations-Family Education Rights and Privacy Act dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other schools in school systems in which a student may intend to enroll, may receive a student's record without a written consent for such a release.