

Great Revelations Academy

6400 Miller Rd. Dearborn, MI 48126 (313)254-4504

Authorization and Permission to Release Medical, Educational and / or Special Education Records

Pursuant to ARS§ 15-828, Within five school days after enrolling a transfer pupil from a private school or another school district, a school shall request directly from the pupil's previous school a certified copy of the pupil's record. The requesting school shall exercise due diligence in obtaining the copy of the record requested. Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within ten school days after receipt of the request unless the record has been flagged pursuant to section 15-829. If the record has been flagged, the requested school shall not forward the copy and shall notify the local law enforcement agency of the request. School districts shall include in the educational records required by this subsection data collected pursuant to sections 15-741 and 15-766, as prescribed by the state board of education.

Student Full Name: _____ DOB: _____ Grade: _____
(MM/DD/YY)

Previous School: _____

School Address: _____

School City, State, Zip: _____

School Phone Number: _____ School Fax Number: _____

My child is currently receiving special education services in the following areas:

<input type="checkbox"/> Special Education Resource	<input type="checkbox"/> Special Education Self Contained	<input type="checkbox"/> Speech	<input type="checkbox"/> ELL	<input type="checkbox"/> Title I
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I authorize the release of my child's school records, including gifted, educational, medical, social or special education information to Great Hearts Academies.

Parent Signature: _____ Date: _____

ATTN: SCHOOL REGISTRAR

We are requesting the following records for this student (all that apply):

!!!STANDARD!RECORDS!

- Transcript of grades
- Standardized test scores
- Health and Immunization records
- Disciplinary Records
- Attendance records

!!!!!!SPECIAL!EDUCATION!RECORDS!

- Individualized Education Plan (IEP)
- Language Proficiency Testing/ Individual
- Individualized evaluation records and
- Eligibility Determination Documents (if not embedded in another document listed above)

Send Standard Records to: Great Revelations Academy 6400 Miller Road Dearborn Mi 48126	Send Special Education Records to: Great Revelations Academy 6400 Miller Road Dearborn Mi 48126
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(For Office Use Only)

Student's SAIS ID#: _____

Date Requested: _____

Date Received from School: _____