



Request for School Records

To: _____
Name of School

Street Address

City, State, Zip Code

Student's Legal Name	Birth Date	Grade
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is enrolled at Ann Arbor Learning Community. Their parent or guardian has released their school records to Ann Arbor Learning Community. Please send the student's complete record including:

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|-----------------------------|------------------------------------|
| • immunization record | • graded or written reports |
| • special education records | • standardized test results |
| • birth certificate copy | • CA - 60 |
| • health reports | • Unique Identification Code (UIC) |

to Ann Arbor Learning Community at the address listed below. Thank you for your assistance.

I hereby authorize the release of my student's school records to Ann Arbor Learning Community.

Parent or Guardian Signature	Date
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For AALC Office Use: No Records – Home school ____ No Records – Preschool ____

Date of Request _____ Contact Info _____

Date of Request _____ Contact Info _____

Date of Request _____ Contact Info _____