



**CHARLOTTE PUBLIC SCHOOLS**

**REQUEST FOR EDUCATIONAL RECORDS & AFFIRMATION OF PRIOR DISCIPLINE RECORD**

Please forward all transcripts, grades, test records, psychological and diagnostic evaluations, health records and State of Michigan assigned unique identification code at your earliest opportunity. Also, please send any special education records for the student named below:

\_\_\_\_\_  
(Student's Name) (Grade) (Date of Birth)  
Last School Attended: \_\_\_\_\_  
\_\_\_\_\_  
(Name of School)  
\_\_\_\_\_  
(Address) (City) (State) (Zip)

**DIRECTIONS:** Please check appropriate box(es), provide information if necessary, 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  expelled from any school.

If you checked boxes 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)

**(FOR OFFICE USE ONLY)**

Date copy sent for verification: \_\_\_\_\_ Signature of CPS staff Member \_\_\_\_\_

**Please send records to:**

- Charlotte Senior High School  
378 State Street  
Charlotte, MI 48813  
fax: 517-541-5625
- Charlotte Middle School  
1068 Carlisle Hwy.  
Charlotte, MI 48813  
fax: 517-541-5705
- Parkview Elementary School  
301 E. Kalamo Hwy.  
Charlotte, MI 48813  
fax: 517-541-5785
- Washington Elementary School  
525 High Street  
Charlotte, MI 48813  
fax: 517-541-5175
- Galewood Elementary School  
512 E. Lovett Street  
Charlotte, MI 48813  
fax: 517-541-5775

\*\*\*\*\*PLEASE INCLUDE STATE ASSIGNED UIC # \_\_\_\_\_\*\*\*\*\*