

**HOUGHTON-PORTAGE TOWNSHIP SCHOOLS**  
**Houghton Middle School**  
1603 Gundlach Road  
Houghton, MI 49931  
Office: (906) 482-0450 Fax (906) 483-2566

**Student Records Request**

School \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 14673). Therefore, please furnish us with the following information in order to provide proper placement.

<hr/> Student's Name	<hr/> Birthdate	<hr/> Grade	<p style="text-align: center; margin: 0;"><u>Previous Michigan School Use Only</u></p> UIC # _____ UIC # _____ UIC# _____
<hr/> Student's Name	<hr/> Birthdate	<hr/> Grade	
<hr/> Student's Name	<hr/> Birthdate	<hr/> Grade	

Please send the entire Cumulative Record folder, including any Special Education files, concerning the above listed student(s).

- A. All subjects and grades for the current school year plus withdrawal grades. Final grades for previous school years, along with an explanation of your grading system.
- B. Standardized test records and scores.
- C. Psychological/Physiological/Health reports.
- D. All discipline records including suspensions, expulsions, and other violations of school policies.
- E. Any other data pertinent to understanding the student's individual needs.

This is to certify that the student(s) listed above have enrolled in Houghton Middle School.

Sincerely,

\_\_\_\_\_  
Signature Title Date