



Arts Academy in the Woods

32101 Caroline Street, Fraser, MI 48026 ° 586.294.0391 phone ° 586.294.0617 fax

Date of Request: _____

School: _____

City: _____

Fax Number: _____

_____ has enrolled at Arts Academy in the Woods as of

_____ .

Please forward the complete school record of the following student, showing subjects, marks, test scores, grade placement, health record and Educational Development Plan. Also, please include any psychological information, IEPs or 504 plans on file, which may be kept in a separate location.

These official school records should be sent to:

Arts Academy in the Woods
Attn: COUNSELING DEPARTMENT
32101 Caroline Street
Fraser, MI 48026

Student's Name: _____

Date of Birth: _____

Grade Entering: _____

Parent's (or Administrator's) Signature: _____

Under the provisions of the Privacy Rights of Parents and Students Act, page 1213 Subpart D (b), it is not necessary to have written consent of the parents to release records "to officials of other schools or school systems in which the student seeks or intends to enroll."