



# ELKTON-PIGEON-BAY PORT LAKER SCHOOLS

6136 Pigeon Road ♦ Pigeon, MI 48755

## REQUEST FOR EDUCATIONAL RECORDS

**I hereby request:**

Name of Previous School: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

FAX #: \_\_\_\_\_

**To release and send the records of:**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

**Have you ever been suspended or expelled from school in the last two years? If yes, when and why?** \_\_\_\_\_ No \_\_\_\_\_ Yes

**Specific Information Needed:**

- Educational File (CA-60)
- Transcript of Grades
- Health Records
- Latest MET/Psychological Report
- Latest IEPC
- UIC Code

**To whom records are to be sent:**

**ELEMENTARY**

Laker Elementary School  
Dee Esch  
6436 Pigeon Road  
Pigeon, MI 48755

Phone # 989-453-4631  
FAX # 989-453-4629

**SECONDARY (Jr High & High School)**

Laker Secondary Schools  
Tracy Potter  
6136 Pigeon Road  
Pigeon, MI 48755

Phone # 989-453-4611  
FAX # 989-453-4615

I authorize the release of all records for the above named student to the Laker Schools.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_