

GREATER MUSKEGON CATHOLIC SCHOOLS

Request for Student Records

Date: _____

TO: _____

School

Address

City,

State

Zip

Student's Name

Date of Birth

Grade Entering

Has enrolled in Greater Muskegon Catholic Schools effective _____.
You are hereby authorized to release the **original permanent record** (CA-60) which includes all official transcript of grades and credits, test data, health/immunization records, psychological reports, social work reports, EPPC and IEPC reports, and other pertinent data to:

Counseling Office
Muskegon Catholic Central H.S.
1145 W. Laketon
Muskegon, MI 49441-2898
Phone: (231) 755-6993

Elementary School
2947 McCracken Ave.
Muskegon, MI 49441
(231) 755-1045

Muskegon Catholic Central M.S.
1145 W. Laketon
Muskegon, MI 49441-2898
Phone: (231) 759-0180

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.41.118, P24637).

Thank you for your cooperation