



Specialized Student Services
 2001 W Warren Ave, South Wing, Suite 168
 Detroit, MI 48202
 Phone: (313) 576-0090
 Fax: (313) 873-3274

The Family Education and Privacy Act of 1974, P.L. 93-380, Section 438 prohibits the release of information concerning students or former students from school records without the written consent of parents of minor students or students themselves (age 18 or over) with few exceptions. Please visit our website at http://detroitk12.org/admin/orea/ppm/student_records for more information regarding FERPA.

STUDENT RECORD INFORMATION

Last name: _____ First name: _____ M.I.: _____

Maiden/Former Name: _____ Birth Date: _____

Last school attended: _____ Year of Graduation: _____

Information you are requesting:

_____ IEPs (Sp. Ed. - Current/Past) _____ Other: _____

_____ MET/3 yr. Evaluations (Sp. Ed.) _____ Other: _____

_____ REED (Sp. Ed.) _____ Other: _____

Name of Requesting Person, Organization, Representative: _____

Parent Adult Student Legal Guardian Agency/Organization

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

I am aware of my rights under the law indicated above

Signature: _____ Date: _____
 Parent, legal guardian, eligible student

¹ The above listed individual will be required to present photo identification upon retrieving the copied record at 2001 W Warren, Detroit, MI 48208 requesting person/organization, if not parent, legal guardian, eligible student must attach documentation evidencing representation of the DPS Special Education Student (i.e. signed release). In accordance with 300.407 we will respond to any records without unnecessary delay.

For Office Use Only: Served by: _____

Date Received: _____ Type of ID Provided: _____

_____ Waited For _____ Picked Up _____ Other _____