

**REQUEST FOR RECORDS
Hopkins Elementary School
400 Clark St.
Hopkins, MI 49328**

Student Name _____

Previous School _____

Address of School _____

City, State, Zip _____

The above school/person/agency is authorized to release information contained in the records to:

Hopkins Elementary School
400 Clark St.
Hopkins, MI 49328

ATTN: Principal's Office

Please include with these records all items listed below if they are available:

1. Psychological and/or diagnostic test results
2. Social Workers' reports
3. Special hearing and eye examinations
4. Achievement test results
5. All health records and doctor's reports

Signature of Parent or Guardian

Date