



Whiteford Agricultural School District

Request for Educational Records

Date: _____

To: _____
School Name (last school attended)

Street Address

City, State, ZIP

Phone / Fax

Please send records, including medical, social, psychological, 504, IEP, Michigan College Board Services for Students with Disabilities number (SSD#), and any other reports that would assist us in placing and evaluating this/these student(s):

Student Legal Name (Last, First)	Last Grade Attended	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

These reports should be forwarded to the following address:

Office of the Principal
Whiteford Elementary School
6655 Consear Road
Ottawa Lake, MI 49267
Phone: 734-856-1443, Option #5
Fax: 734-856-4724
(Grades K-5)

Office of the Principal
Whiteford Middle/High School
6655 Consear Road
Ottawa Lake, MI 49267
Phone: 734-856-1443, Option #6
Fax: 734-856-2564
(Grades 6-12)

Parent/Guardian Signature

Date