

REQUEST FOR STUDENT RECORDS

Date of Request: _____

Student's Legal Name while enrolled with the Grand Rapids Public Schools:

Date of Birth: _____ Approximate year: _____

Last School attended in GRPS: _____

I graduated with a Diploma? Yes ____ No ____

I received my GED: Yes ____ No ____

Requestor's name: _____ Relationship: _____

Current Address (of requestor): _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

School / Company Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Fax: _____ Email: _____

Records being requested:

- Birth Verification
- Transcripts
- Proof of Attendance
- Other (specify) _____

Reason for records:

- Continuing Education
- Obtain a State ID
- Governmental Benefits
- Other (specify) _____

Requestor's Signature

[Click here to submit](#)

OFFICIAL USE ONLY

Document for proof of relationship: _____ GRPS Student ID# _____

Date approved: _____ Date denied: _____

Reason for denial: _____

Official approving/denying this request: _____

Date mailed / pick-up / faxed: _____