

# The Grand Traverse Band of Ottawa and Chippewa Indians



## Kitchi Minogining Tribal School & Life-Long Learning Centers

845 Business Park Drive, Traverse City, MI 49686  
Phone: (231) 534-7760 Fax: (231) 534-7773

### Request for School Records

TO: \_\_\_\_\_  
(Name of former school)

\_\_\_\_\_  
(city) (state) (phone) (fax)

I hereby grant permission for the following school records to be sent to: The Grand Traverse Band of Ottawa and Chippewa Indians' Education Department, 845 Business Park Drive, Traverse City, MI 49686.

Student \_\_\_\_\_  
(last name) (first name) (M.I.) (Maiden, if different)

\_\_\_\_\_  
(date of birth) (last year attended) (last grade completed)

#### Please mail or fax the following (checked) items:

- Transcript of grades and credits – please fax to 231-534-7773  Complete CA60  
 Withdrawal Grades (if student left mid-semester)  Birth/Health Records  
 Most recent IEP and/or behavior plan with behavior reports for the past year

\_\_\_\_\_  
(student/parent/guardian signature) (date)

\_\_\_\_\_  
(Kitchi Minogining/LLLC signature) (date)

Parent/student please complete only the information in the blue boxes

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(please detach and return the bottom portion of this request form with the student's records)

School Name: \_\_\_\_\_ Dates student attended: \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_  
(student's name) (date of birth)

\_\_\_\_\_  
(name of student at time of attendance – if different from above)

If transcripts are unavailable, please state reason and return this form via fax # above: \_\_\_\_\_

\_\_\_\_\_