

the Ecology Learning Center

Request for Records

This is to certify that I, _____, the parent or legal guardian of the child or children listed below do hereby request that the educational and medical records of the below listed child or children be transferred to:

Ecology Learning Center
230 Main Street
Unity, ME 04988

****Please email Maine State ID# & Current IEP
& Written Notice (if applicable)
ASAP to info@ecologylearningcenter.org
Please call 207-230-9275 with any questions.**

School Last Attended: _____

Mailing Address: _____
Address City State Zip Code

Phone: _____ Email: _____

Parent or legal guardian privileges and obligations under the Family Education Rights and Privacy Act are:

1. Notification of the transfer.
2. If desired, a copy of records may be obtained with cost of copying provided by parent/guardian.
3. An opportunity for a hearing to challenge the content of the records be provided.

I have been informed and understand my rights regarding the transfer of pupil records.

_____ Signature of parent or legal guardian	_____ Date	
_____ Name of Child	_____ DOB	_____ Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____