

REQUEST FOR RELEASE OF INFORMATION

(This form is sent to your child's originating school to acquire their school records.)

Name of Student: _____ Birth Date: _____ Grade: ____

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Name of Releasing School Administrator or Agent: _____

Name, Address, Phone and Fax Number of Releasing School Building(s):

*Please Note: Under the provisions of the Federal Educational Rights and Privacy Act, Federal Register, Volume 41, No. 118, June 17, 1976, **it is no longer necessary to have written consent of the parents to release records.** School officials, including teachers within the educational institution and officials of other school systems in which the student intends to enroll, may request student records.*

I, the undersigned, give my permission to _____
(Releasing School District)

to release CA-60 folders to Grass Lake Community Schools, which must include the following information:

- Complete Transcript
- Attendance Data
- Health Data
- Special Education Data
- Standardized Test Scores
- Confidential School-Related Data

.....and any other information pertinent to the educational planning for the above named student.

PLEASE SEND REPORTS TO THE APPROPRIATE BUILDING TO THE ATTENTION OF (Check Appropriate):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Enrollment George Long Elementary (K-5) 829 S. Union St. Grass Lake, MI 49240 Ph.: 517-522-5590 Fax: 517-522-8789	New Enrollment Grass Lake Middle School (6-8) 1000 Grass Lake Rd. Grass Lake, MI 49240 Ph.: 517-522-5550 Fax: 517-522-4775	New Enrollment Grass Lake High School (9-12) 11500 Warrior Trail Grass Lake, MI 49240 Ph.: 517-522-5570 Fax: 517-522-5490

It is my understanding that the released information will be used in the educational planning for the above named student.

Signature of Parent, Guardian, and/or student (if 18 years old or over)

Date