

REQUEST FOR STUDENT RECORDS

Permission for release of information or request for review of student records:

I hereby authorize (Name and address of former school)

to release all pertinent information in the records of:

Name of Student

Birthdate

Mail / Fax

- Immunizations
- Birth Certificate
- Transcript
- Special Education Records (most recent IEP)
- Grades from date of departure
- Discipline
- CA60

TO: Kingsley High School
Attn: Sheelah Walter
402 Fenton Street
Kingsley, MI 49649
Phone: (231) 263-5262
Fax: (231) 263-2630

Authorized Signature

Address

Date