

Grass Lake Community Schools

899 South Union St., Grass Lake, MI 49240
Phone (517) 867-5540 · Fax (517) 522-8195

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 of Student: _____ Grade Entering: _____

Releasing District Information

School District Name: _____

Building Name: _____

Releasing District Address: _____

Releasing District Fax: _____

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
- Standardized Test Scores
- Attendance Data
- MHSAA Sports Physical Form
- Health Data
- Special Education Data
- 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 One):

George Long Elementary
Attn: Records
829 S. Union St.
Grass Lake, MI 49240

Grass Lake Middle School
Attn: Records
1000 Grass Lake Rd.
Grass Lake, MI 49240

Grass Lake High School
Attn: Records
11500 Warrior Trail
Grass Lake, MI 49240

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

Signature of Parent, Guardian, or Student (if 18 years old or over)

Date