

Ernest W. Seaholm High School · 2436 West Lincoln · Birmingham, Michigan 48009

## AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS

### Former Student Information

Name (when you were a student) \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Year of Graduation \_\_\_\_\_

### Records Are To Be Sent To

Name \_\_\_\_\_ Attn: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

### Records to be Sent

- |  |   |
|--|---|
| <input type="radio"/> Transcript               | <input type="radio"/> Special Education (IEP, etc.) |
| <input type="radio"/> ACT/SAT Test Scores      | <input type="radio"/> All Records                   |
| <input type="radio"/> Standardized Test Scores | <input type="radio"/> Other _____                   |
| <input type="radio"/> Immunization Records     |   |

*The undersigned hereby authorize(s) the Board of Education of Birmingham, Michigan, or its below-identified employee(s) or agent(s) to release the above-listed information to the following named agency(ies) or other entity(ies):*

\_\_\_\_\_  
**Printed Name** of Parent/Guardian or Adult Student

\_\_\_\_\_  
**Signature** of Parent/Guardian or Adult Student

Date \_\_\_\_\_

**Registrar – Ernest W. Seaholm High School**  
2436 West Lincoln -- Birmingham, Michigan 48009  
(248) 203-3754 fax (248) 203-3825 [ktenjeras@birmingham.k12.mi.us](mailto:ktenjeras@birmingham.k12.mi.us)

This consent expires one year from \_\_\_\_\_