



AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS

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

Date _____

Printed Name of Adult Student or Parent/Guardian _____

Signature _____

Records Being Requested From:

Name _____ Phone _____

Address _____

Student Information:

Name: _____ Birth Date: _____

Address _____

City _____ State: _____ Zip _____

School _____ Grade _____

Information Requested:

- Entire Records
- Health Records
- Cumulative Scholastic Achievement
- Special Education (IEP, etc.)
- Testing Information
- Do not release entire file
- Cumulative Standardized Test Scores
- Psychological records (if any)
- Other _____

Dates Requested: _____

Please Send the Records to:

This consent expires one year from _____