



Michigan Center Jr./Sr. High School

400 S. State St. Michigan Center, MI 49254

Phone: (517)764-1440 Fax: (517)764-3346

STUDENT RECORDS RELEASE FORM

Previous School Name: _____

Previous School Address: _____

Previous School Phone Number: _____

The following student has enrolled in Michigan Center Jr./Sr. High School and has authorized this office to obtain all information and cumulative records while in attendance at your school.

Name of Student: _____

Student Birthdate: _____ Student Grade: _____

Please **fax** the following information and **mail** the complete CA-60 (student file):

_____ **Transcript** _____ **Immunizations** _____ **IEP** _____ **Exit Grades**

Records Release Permission

Permission is hereby given to release all information and cumulative records to Michigan Center District, Michigan Center, MI.

Signature of Parent/Guardian

or

School Official Signature

Date: _____

Date: _____