



Lapeer Community Schools Record Release Consent

I hereby request:

Name of School: _____
 Name of School District: _____
 Address: _____
 City, State & Zip Code: _____

Phone: (____) _____
 Fax: (____) _____

to release and send the records of:

Student(s)	Grade Level	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

to the person, agency or institution listed and in agreement with the following:

To whom records are to be sent:

School Name: Lapeer Community Schools
 Attention: Dept of Instruction
 Address: 250 Second Street
 City, State, & Zip Code: Lapeer, MI 48446

- Please fax all transcripts, current grades and current EDP for secondary school only.

Fax: (810) 538-1654

- Please forward all academic records, current grades, MLPP, test scores, health records and State UIC number.
- Please forward all confidential records including psychological, social work, speech reports, IEP's and MET's.

According to the Final Regulations-Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records. It states that school officials, including teachers within the educational system in which the students may intend to enroll, may receive a student record without a written consent for such release.

Parent/Guardian Signature: _____ Date: _____