



Lapeer Community Schools Record Release Consent

To Be Filled Out by Parent/Guardian:

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 Be Filled Out by School:

Please send the following documents for:

Possible Enrollment

Student Is Already Enrolled

Records Requested:

Mail Fax

- CA60 with complete school records including State UIC #, health records, academic records, test records, records listed below, and any other pertinent information
- Official Transcript along with current grades and current EDP
- Discipline/Behavior Reports (including all suspensions/expulsions)
- Crisis/Safety Plan
- Attendance Records ***Is there a truancy filing on this student? YES or NO**
- Special Education Documents (i.e. IEP, 504 Plan, Medical Action Plan, psychological reports, MET's, social work). Special Education Department Fax: 810-667-2407
- Other _____

To whom records are to be sent:

School Name: Lapeer Community Schools
 Attention: Department of Instruction - Enrollment
 Address: 250 Second Street
 City, State, & Zip Code: Lapeer, MI 48446
 Fax: 810-538-1654

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.