

Roscommon Area Public Schools
AUTHORIZATION FOR
RELEASE OF STUDENT RECORDS

Student's Name: _____ Birthdate: _____

School Last Attended: _____ Current Grade: _____

School Address: _____

School Phone: _____ UIC #: _____

Please send us the cumulative educational records for the student listed above. Please fax the most recent IEP, if applicable, and most recent transcript/report card.

This release also confirms that this student has not been expelled by a former school due to a "Weapons in Schools" infraction or "physical or verbal assault" infractions.

Signature of Parent/Guardian

Today's Date

Student Signature

By signing this release I am confirming my consent to release information and that no "Weapons in Schools," "Arson," or "physical or verbal assault" infractions have occurred.

Signature of Former School Administrator

Date

Please send this information to:

<input type="checkbox"/> Roscommon High School P.O. Box 825 Roscommon, MI 48653 Principal's Office: 989-275-6675 Counseling Office: 989-275-6676 Fax: 989-275-4611

<input type="checkbox"/> Roscommon Middle School P.O. Box 825 Roscommon, MI 48653 Principal's Office: 989-275-6640 Counseling Office: 989-275-6640 Fax: 989-275-6053

<input type="checkbox"/> Roscommon Elementary School P.O. Box 825 Roscommon, MI 48653 Principal's Office: 989-275-6610 Counseling Office: 989-275-6610 Fax: 989-275-4745
