

CONSENT FOR RELEASE OF RECORDS

The student listed below has enrolled in the Montrose Community Schools and their school records are being requested:

Student Name:		
Date of Birth:	Grade:	
Current Address:		
City:	State:	Zip Code:
Name of School Last Attended:		
School Address:		
City:	State:	Zip Code:

Carter Elementary School 200 Park Street P.O. Box 3129 Montrose, MI 48457 ATTN: Ms. Sandy Tolles 810-591-7283 Fax	Kuehn-Haven Middle School 303 Ray Street P.O. Box 3129 Montrose, MI 48457 ATTN: Mrs. Vicki Podulka 810-591-7282 Fax	Hill-McCloy High School 301 Nanita Drive P.O. Box 3129 Montrose, MI 48457 ATTN: Mrs. Amy Groulx 810-591-7281 Fax	Montrose Choice Alternative Education 150 Saginaw Street P.O. Box 3129 Montrose, MI 48457 ATTN: Mrs. Gina Rumsey 810-591-7289 Fax

The Undersigned consents to the release of the above student's records to include **all cumulative files, including health records, and special education files (including IEPC's, MET's and all psychological reports).** The records should be sent to the school address listed above. *(Under the Family Educational Rights and Privacy Act, the requesting district does not need the signature of a parent/guardian to obtain student records from another educating district.)*

Parent/Guardian Signature: _____ Date: _____

Section 1135 requires the sending district to send the student records within 30 days after receipt of this request.

Linden A. Moore, Ph.D.
 Superintendent