



**PERMISSION TO RELEASE OFFICIAL RECORDS**

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Grade Last attended: \_\_\_\_\_ Completed: \_\_\_\_\_

Former School: \_\_\_\_\_

Address: \_\_\_\_\_

Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Please send the above named student's complete school records including:

- Official administrative record (name, birth date, place of birth, grades, class standing, attendance, and citizenship record)
- Standardized achievement, aptitude and intelligence test scores
- Special education records (IEPC, diagnostic reports, medical records)

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

Please send records to:

Pontiac Academy for Excellence  
196 Cesar E. Chavez Avenue  
Pontiac, MI 48342

Please return a copy of this release form with the student records.

**FOR OFFICE USE ONLY:**

Date sent: \_\_\_\_\_

Date received: \_\_\_\_\_

C:\Documents and Settings\barksdalen\Local Settings\Temporary Internet Files\OLK20F\Request for School Records2.doc

**“Changing the future of Pontiac”**