

## PERMISSION TO RELEASE OFFICIAL RECORDS

Please type or print legible

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

Grade last attended: \_\_\_\_\_ Completed: \_\_\_\_\_

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

**School Address:** \_\_\_\_\_  
\_\_\_\_\_

**School 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  
Elementary School  
196 Cesar E. Chávez  
Pontiac, MI 48342  
Fax: €Elementary (248)745-9485  
€Middle/High School (248) 409-5730

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

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### FOR OFFICE USE ONLY:

Date sent: \_\_\_\_\_ 2<sup>nd</sup> request \_\_\_\_\_ 3<sup>rd</sup> Request \_\_\_\_\_

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

**SAFETY, RESPECT, LEARNING & COMMUNITY**

196 Cesar E. Chavez Ave. Pontiac, Michigan 48342

P: 248-745-9420 E:enrollment@pontiacacademy.org