

## Lapeer Community Schools Record Release Consent

To Be Filled Out by Parent/Guardian:

P A	ddress:	chool: chool District: & Zip Code:		
	Phone	2:	Fax:	
to rel	ease and	send the records of:		
	Student(s)		Grade Level	Birth Date
	······································			
		To	Be Filled Out by School:	
Pleas	e send the	e following document	ts for:	
the C	A60 at thi	ollment – We are <u>NOT</u> s time. If student is a : the CA60.		t <u>Is Already</u> Enrolled
Recor	rds Reque	sted:		
Mail	t □ (	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		
	□ <i>4</i>	Attendance Records *Is	there a truancy filing on this st nents (i.e. IEP, 504 Plan, Medical Ad	
	1	IET's, social work). Spe	cial Education Department Fax: 810	)-667-2407
		nglish Learner (ESL/EL) Other	) Documents (i.e. WIDA/Screener, A	Accommodation Logs, HLS)

## 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.