

CARMAN-AINSWORTH COMMUNITY SCHOOLS
G-3475 West Court Street
Flint, Michigan 48532
Phone (810) 591-8283 Fax: (810) 591-3290

For Office Use
Only

Last Name	_____
First Name	_____
Location/Tape #	_____
Date Records Sent	_____
Sent By	_____
Pick Up	___ US Mail ___ e-Mail ___ Fax ___

Consent to Release Student Records

PLEASE PRINT CLEARLY

Individual Records Requested:

Transcript: _____ ACT: _____ IEP _____

Copies of Diplomas are NOT available

Name: _____
(Maiden Name or Name when Attending School) Married Name

Birth Date: _____ Last 4 of Social Security No. _____

Last Year of Attendance (to the best of your memory) _____

Grade Completed: _____ Graduation Year _____

Check if applicable: Adult Education Drop

Current Information:

Current Address: _____

City/State/Zipcode _____

Phone (Home) _____ (Work) _____

Please send my records to the following address:

Name: _____

Agency/School: _____

Address: _____

City/State/Zipcode: _____

Phone: _____

OR

I will pick up records on: _____

Best Time To Contact You: _____

I consent to the release by the Carman-Ainsworth Community Schools of the records, files and/or data of the individual listed above. I understand that I may review these records in accordance with the provisions of the Family Educational Rights and Privacy Act.

Signature of Student (if 18 or over) or Parent/Guardian

Date