

**CARMAN-AINSWORTH COMMUNITY SCHOOLS**  
G-3475 West Court Street  
Flint, Michigan 48532  
Phone (810) 591-8283 Fax: (810) 591-3290  
Email: records@carmanainsworth.org

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: \_\_\_\_\_ Email: \_\_\_\_\_

### Please send my records to the following address:

Name: \_\_\_\_\_

Agency/School: \_\_\_\_\_

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

City/State/Zipcode: \_\_\_\_\_

Email: \_\_\_\_\_

*(If institution will accept emailed copies)*

**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