

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

For Office Use Only	Last Name _____
	First Name _____
	Location/Tape # _____
	Date Records Sent _____
	Sent By _____

Consent to Release Student Records

PLEASE PRINT

Individual Records Requested:

Transcript: _____ ACT: _____ Shots _____ Specific Records _____

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

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

School Attended: _____

Dates of Attendance (to the best of your memory) _____

Grade Completed: _____ Graduation Year _____

Check if applicable: G.E.D. Adult Education Transfer Drop

Current Information:

Current Address: _____

City/State/Zipcode _____

Phone (Primary) _____ Phone (Secondary) _____

Please send my records to the following address:

Name: _____

Agency/School: _____

Address: _____

City/State/Zipcode: _____

Phone: _____ FAX _____

e-mail: _____

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