



**ALPENA-MONTMORENCY-ALCONA
EDUCATIONAL SERVICE DISTRICT**

Brian Wilmot - Superintendent

2118 U.S. 23 South
Alpena, MI 49707

Phone (989) 354-3101
Fax: (989) 356-3385

MUTUAL RELEASE OF INFORMATION

I, the undersigned parent/guardian of _____ Birthdate _____
(Student Name)

request that _____
(Name of Agencies)

mutually release the following records:

_____ Official student academic record (name, address, birthdate, grade level completed, grades, class standing, attendance record, health data, aptitude and achievement test results)

_____ Discipline Record

_____ Intelligence Test Scores

_____ Observations, ratings, etc.

_____ Psychological, Psychiatric or Social Work Reports

_____ Individual Education Plans (IEP's)

_____ All other pertinent educational data

_____ Medical Reports

I understand that these records will become part of above named agencies records and as such will be subject to their policies on access to records.

Parent/Guardian (Student 18 or older)

Date