



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

RELEASE OF INFORMATION

I, the undersigned parent/guardian of _____
(Student's name)

_____ request that _____
(Birthdate) (Name of Agency)

release to _____
(Name of the Agency/Individual)

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 Score
- 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 _____
(Receiving Agency)

records and as such, will be subject to their policies on access to records.

Parent/Guardian (Student 18 or older)

Date