

# RECORDS RELEASE

Date: \_\_\_\_\_

Please release the cumulative files, including CA-60, Health Records, Social Work Records, Psychological Records and/or Special Education Records of:

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Records being requested from:

School/Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send Records To: Marshall Academy  
18203 Homer Road  
Marshall, MI 49068  
269-781-6330 phone  
269-781-8749 fax

**Federal Reg. Vol. 41 No. 188, Sec 99.31, June 17, 1976 states: "prior consent for disclosure not required... if the disclosure is...to officials of another school or school system in which the student seeks or intends to enroll.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Registrar Signature : \_\_\_\_\_

*revised: July 2007*