

MARYSVILLE HIGH SCHOOL
555 E Huron Blvd.
Marysville MI 48040

PERMISSION FOR RELEASE OF STUDENT RECORDS INFORMATION

In accordance with legislation regarding privacy rights of parents and students, written permission must be granted by parents, or students if 18 or over, before certain information may be released to a third party. There are some exceptions to this, such as directory information (name, grade, dates of attendance, degrees, awards, heights, weight); transcripts to colleges, use of records by officials within an educational system; financial aids; accreditation purposes; and some local, state and national agencies for research studies and certain other special purposes. If you have questions about details and interpretation, please contact the school principal.

OFFICIAL REQUEST FOR INFORMATION RELEASE

Please print

Student _____ Birthdate _____
Last First Middle

Address _____
Number and Street City Zip

Grade _____ Date of Entry to Marysville High School _____

Former School _____

Address _____ Zip
Number and Street City

PURPOSE OF REQUEST

Transfer _____

Other _____

INFORMATION TO BE RELEASED

_____ General Education Records (should include: grades, attendance, immunization, health standardized testing, grade point average, class rank, honors, awards, activities)

_____ Confidential Information (should include: medical, psychiatric, psychological, social history, social worker reports)

_____ Special Education Records (these records as well as confidential and general education records of a Special Education student should be sent to our Special Education Office.)

_____ State UIC (Unique Identification Code)

PLEASE RELEASE INFORMATION TO THE FOLLOWING OFFICES:

General Education records and confidential information for General Education students should be Mailed directly to:

MARYSVILLE HIGH SCHOOL
COUNSELING CENTER
555 East Huron Blvd.
Marysville MI 48040

Special Education records, confidential information and general education records for Special Education students should be mailed directly to:

DIRECTOR OF SPECIAL EDUCATION SERVICES
Marysville Public Schools
495 East Huron Blvd.
Marysville MI 48040

Parent/Guardian Signature