

TEACHING FAMILY HOMES OF UPPER MICHIGAN  
1000 Silver Creek Road  
(906) 249-5437

2813

PERMISSION TO RELEASE OFFICIAL SCHOOL RECORDS

NAME OF SCHOOL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

You are hereby authorized to provide Teaching-Family Homes of Upper Michigan with a copy of the school records for the following student:

\_\_\_\_\_  
Name Date of Birth

\_\_\_\_\_  
Address Parent or Guardian

Please send immediately the entire record to Teaching-Family Homes of Upper Michigan at the address listed above.

Please send immediately only the following portions of the student's record:

- \_\_\_\_\_ Official administrative record (name, address, birth date, grade level completed, grades, class standing, attendance record);
- \_\_\_\_\_ Attendance record
- \_\_\_\_\_ Referral/disciplinary record
- \_\_\_\_\_ Health record including immunization record
- \_\_\_\_\_ Copy of last report card
- \_\_\_\_\_ Standardized Achievement Test scores
- \_\_\_\_\_ Intelligence, aptitude, and interest test scores
- \_\_\_\_\_ Special Services (I.E.P. report, speech therapy, tutoring, etc.)

I am aware that these school records are available for my inspection at any time and that I may receive a personal copy if requested.

\_\_\_\_\_  
Name Relationship to Youth  
\_\_\_\_\_  
Date Witness  
\_\_\_\_\_  
Expiration Date