

WEBBERVILLE COMMUNITY SCHOOLS
309 E. Grand River Ave.
Webberville, MI 48892
Phone: (517) 521-3447
Fax: (517) 521-4740

RECORDS RELEASE FORM

I hereby authorize _____
Name of School District

Address

City, State, Zip

Phone

And Webberville Community Schools to release or exchange information contained in the records of:

Student's Name: _____

Birthdate: _____

Parent/Guardian: _____

Phone: _____

The purpose and need for such a disclosure is to plan an appropriate educational program and ensure that the needs of this student are appropriately addressed.

Without expressed revocation, this consent expires one year from the date signed.

Parent/Guardian Signature

Date

The person to contact at the school is:

Name of Staff

Position

- General/Regular Ed.
- Special Ed.