

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 Previous School District

Street Address

City, State, Zip

Phone # and Fax #

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

Student's Name: _____

Birthdate: _____ **Grade:** _____

Phone #: _____

Parent/Guardian Signature: _____

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

Webberville Schools Contact Name

Position

****Please Fax Transcript and/or Most Recent IEP, 504 Plan to 517-521-4740****