

SCHOOL DISTRICT OF THE CITY OF ROYAL OAK, MICHIGAN

PERMISSION FOR RELEASE OF INFORMATION

Pursuant to the Family Rights and Privacy Act of 1974, public schools may not release any student record information without a signed release from the individual, if said individual is 18 years of age or older. If the individual is under 18 years of age, the release of information must be signed by a parent or legal guardian.

I HEREBY CONSENT TO THE RELEASE OF RECORDS OF:

Name of student (please print) Birthdate _____

Signature of Parent or Eligible Student Date _____

FROM: ROYAL OAK HIGH SCHOOL TO: _____
1500 LEXINGTON BLVD. _____
ROYAL OAK, MI 48073 _____

FOR THE FOLLOWING REASON(S): ☐ School ☐ College Application
☐ Employment ☐ Other (Please specify)

SCHOOL ATTENDED ____ Royal Oak H.S. ____ Kimball H.S. ____ Dondero H.S.

YEAR OF GRADUATION _____

RECORDS TO BE RELEASED:

- ____ 1. School Transcript and School Recommendations for College Applications
- ____ 2. Education Records (includes grades, credits, test scores, attendance)
- ____ 3. Psychological Data
- ____ 4. Social Work Information
- ____ 5. Medical Records
- ____ 6. Other Information (please specify) _____