



ADDISON COMMUNITY SCHOOLS
 219 Comstock • Addison, MI 49220

Consent for Access to Student Records

To: _____

Attention: _____

Fax Number: _____

From: Addison Middle School/
 Addison High School Office
 Phone: (517) 547-6952
 Fax: (517) 547-6982

This consent must be signed by a parent or guardian of a minor student or by the student if eighteen years of age or older.

Please send the complete cumulative record (including academic, attendance, health, psychological testing and other information pertaining to special needs) for the following student(s) who are now enrolled in our school system.

Student's Name	Age	Grade

Please mail to:
 Addison Community Schools
 219 Comstock Street
 Addison, MI 49220

I hereby consent to the release of the records for the above named student(s).

 Date

 Signature of Parent or Guardian

 Printed Name of Parent or Guardian