



# Consent for Access to Student Records

To: \_\_\_\_\_

Attention: \_\_\_\_\_

Fax Number: \_\_\_\_\_

From: **Jen Olsofsky**  
 Addison Elementary School  
 Phone: 517-547-6912  
 Fax: 517-547-6942

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:

Kathy Bradstreet  
 Addison High School  
 219 Comstock Street  
 Addison, MI 49220

Rosemary Yanakeff  
 Addison Middle School  
 219 Comstock Street  
 Addison, MI 49220

Sallie Dutoit  
 Addison Elementary School  
 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