



1392 Adams Road
Glenn, Michigan 49416
Telephone: 269.227.3411
Fax: 269.227-5375

Email: cplaggemars@glennpublicschool.org

AUTHORIZATION FOR RELEASE OF RECORDS

I authorize Glenn Public School to obtain information on:

Name of Student	Date of Birth	Grade
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Name and address of previous school attended:

Name of School

Street Address	City	State	Zip Code
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The following information is requested:

_____ **Cumulative Folder (CA-60) including all educational records including grades, attendance, discipline, and confidential information**

_____ **Records including any Special Education information, medical, psychological, social, psychiatric, or education evaluations**

This information is being requested under the Family Educational Rights and Privacy Act of 1974, PL 93-380, and this information will be handled within the regulations of that law and applicable state laws and rules.

Parent/Guardian Signature

Date

Please send records to:

**Glenn Public School
PO Box 69
Glenn, MI 49416
Attn: Cate Plaggemars**