

1392 Adams Road Glenn, Michigan 49416 Telephone: 269.512.7970

Fax: 269.512.7971

Email: cate.rutter@glenn.school

AUTHORIZATION FOR RELEASE OF RECORDS

I authorize Glenn Public Sc	hool to obtain information on:		
Name of Student		te of Birth	Grade
Name and address of previ	ous school attended:		
Name of School			
Street Address	City	State	Zip Code
The following information is	requested:		
	r (CA-60) including all educa ine, and confidential inform		luding grades,
Records including psychiatric, or edu	g any Special Education info cation evaluations	ormation, medical, _l	osychological, social,
	quested under the Family Edunal the region will be handled within the region.	_	<u> </u>
Parent/Guardian Signature			Date
Please send records to:			

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