

**Our Lady of Consolation School
4865 Eleven Mile Road NE
Rockford, MI 49341**

REQUEST FOR RELEASE OF INFORMATION

I hereby authorize

(Previous School District or Agency)

(Address & City)

to release the following information regarding:

(Student Name)

(Date of Birth)

(Grade)

Reason for release of records: _____

- () Cumulative school records/files
- () Confidential files (if applicable, i.e. Psychological tests, Social Work reports, I.E.P.C's etc)
- () Other: _____

Please sent the above records to:

**Our Lady of Consolation School
4865 Eleven Mile Road NE
Rockford, MI 49341**

I authorize the release of the information requested above.

(Date of release)

(Parent/Guardian Signature)

(Date information sent or released)