



Whitmore Lake Public Schools Student Record Release

To: _____
(Name of Previous School)

(Address)

(City)

(State)

(Zip)

My child, _____, has enrolled in Whitmore Lake
(Name of Student)

Public Schools as of _____, in the _____ grade.
(Date)

I hereby grant permission to release his or her cumulative records, all psychological, special education and/or confidential files, and wave the right of review until the records are received by Whitmore Lake Elementary School.

(Parent/Guardian Signature)

Please remit records to the above address.