



# 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.