

PERMISSION TO RELEASE OFFICIAL RECORDS
Please type or print legible

Student Name: _____ Birth date: _____

Grade last attended: _____ Completed: _____

Former School: _____

School Address: _____

School Number: _____ **Fax:** _____

Please send the above named student's complete school records including:

- Official administrative record (name, birth date, place of birth, grades, class standing, attendance, and citizenship record)
- Standardized achievement, aptitude and intelligence test scores
- Special education records (IEPC, diagnostic reports, medical records)

Parent/Guardian _____
Date

Please send records to: Pontiac Academy for Excellence
Elementary School
196 Cesar E. Chávez
Pontiac, MI 48343
Fax: 248-745-9485

Please return a copy of this release form with the student records.

FOR OFFICE USE ONLY:

Date sent: _____ 2nd request _____ 3rd Request _____

Other: _____

Date received: _____

SAFETY, RESPECT, LEARNING & COMMUNITY

196 Cesar E. Chavez Ave. Pontiac, Michigan 48343
P: 248-745-9420 E: info@pontiacacademy.org