



SCHOOL DISTRICT OF THE CITY OF ROYAL OAK  
PERMISSION FOR RELEASE OF INFORMATION

Pursuant to the Family Rights and Privacy Act of 1974, public schools may not release any student record information without a signed release from the individual, if said individual is 18 years of age or older. If the individual is under 18 years of age, the release of information must be signed by a parent or legal guardian.

I HEREBY CONSENT TO THE RELEASE OF RECORDS OF:

\_\_\_\_\_  
Name of Student (please print) Birthdate: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent, Guardian or Eligible Student Date: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ ↔ \_\_\_\_\_  
\_\_\_\_\_

- FOR THE FOLLOWING REASON(S):
- School
  - Employment
  - College Application
  - Other (please specify) \_\_\_\_\_

RECORDS TO BE RELEASED:

- 1. School Transcript and School Recommendations for College Applications
- 2. Education Records (including grades, credits, tests scores, attendance)
- 3. Psychological Data
- 4. Social Work Information
- 5. Medical Records
- 6. Other Information (please specify) \_\_\_\_\_