

**ST. CLEMENT CATHOLIC ELEMENTARY SCHOOL**

**PARENT PERMISSION FOR RELEASE OF STUDENT RECORDS**

**INFORMATION REQUESTED FROM:**

Name of Current School \_\_\_\_\_

Address of School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School phone number: \_\_\_\_\_

**PARENT / GUARDIAN APPROVAL**

I hereby give permission for the Accumulative \_\_\_\_\_ Special Education \_\_\_\_\_

records of \_\_\_\_\_  
(Student's Name) (Birth Date) (Grade)

to be released to the School listed below.

\_\_\_\_\_  
Signature of Parent/Guardian and Relationship to Student Date

**ACCUMULATIVE RECORDS TO BE RELEASED TO:**

St. Clement Catholic Elementary School  
8155 Ritter  
Center Line, MI 48015 Phone: (586) 757-7500 Fax: (586) 757-4724

- ( ) Check if in Special Education Classes
- ( ) Check if in Speech Classes